



MEMBERSHIP APPLICATION

California Optometric Association

2415 K Street | Sacramento, CA 95816

Ph: (916) 441-3990 | Toll-Free: (800) 877-5738 | Fax: (916) 469-2896

Name: _____ Date: _____
Designations (OD, FAAO, etc.)

Local Optometric Society (if known): _____

PRIMARY WORK LOCATION

Preferred Address

Practice Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Office Phone: _____ E-mail: _____
Primary Phone Primary Email

Practice/Office Website: _____

Find an Eye Doc is a free listing offered to COA members. It is an online locator service for the public to use in searching for an optometrist in their area. YES! Please include my practice/place of employment in this listing.

HOME ADDRESS

Preferred Address

Home Address: _____

City: _____ State: _____ Zip Code: _____

Mobile Home Phone: _____ E-mail: _____
Primary Phone Primary Email

MODE OF PRACTICE

Primary Mode of Practice:

- Community Health
Educator - College/School/University
Employee - Corporate/Retail Setting
Employee - Health System (i.e. HMO)
Employee - Ophthalmology Group
Employee - Private Practice
Government Service/Military
Independent Contractor
Industry
Owner - Corporate/Retail Setting
Owner - Private Practice
Retired
Student
Other (specify):

DEMOGRAPHICS

Birth Date: _____ [mm/dd/yy]

Gender: Male Female

Marital Status:

Single Married Divorced Widowed

Ethnicity:

American-Indian African-American
Asian/Pacific Islander Caucasian
East Indian Hispanic Middle Eastern
Other:

PRACTICE DATA

Hours worked per week in optometric practice: _____

NPI #: _____

Special Emphases: _____

AOA #: _____

Number of ODs at location: _____

Are you Board Certified? Yes No

Number of non-OD staff at location: _____

Do you have a DEA #? Yes No

Fellowships: American Academy of Optometry American College of Surgeons College of Optometrists in Vision Development

Are you are a full-time educator at an accredited or pre-accredited ACOE school? Yes What school? :

Are you employed by a governmental entity and not practicing optometry for compensation in any other setting? Yes

LICENSE INFORMATION

Original Year Licensed: _____

CA License #: _____

License Type: Non-DPA DPA TPA TPL TPG TLG

If you hold a license of optometry in another state(s) indicate state(s): _____

EDUCATION INFORMATION

School of Optometry: _____ Year of Graduation: _____

Did you attend a Residency Program (accredited program post-OD graduate)? Yes No Year Completed: _____

Institution: _____ Type: _____

PAYMENT INFORMATION

CREDIT CARD OPTIONS

- Annual Autopay - Charges will occur in January of each year.
- Quarterly installments - Charges will be in January, April, July, and October.
- Monthly installments - Charges will be on the 15th of each month.

Visa MasterCard American Express Discover

Business Personal Credit Card # _____ CVC _____ Expiration Date: _____

Name on Card: _____ Business Name (if applicable): _____

Billing Street Address: _____ City, State, Zip Code: _____

Signature: _____ Date: _____

ACH OPTION

- I acknowledge that the origination of ACH transactions must comply with the provisions of U.S. law, and my account will be debited on the 15th of each month.

Name(s) on Checking Account: _____

Business Name on Checking Account (if applicable): _____

Routing Number: Account Number: _____

Signature: _____ Date: _____

ACKNOWLEDGEMENT

I hereby apply for membership in the California Optometric Association, the American Optometric Association and the (local) _____ Optometric Society.

If accepted, I will abide by their bylaws, Code of Ethics, and agree to pay all dues and assessments promptly.

Signature: _____ Date: _____