



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 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 15<sup>th</sup> 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 15<sup>th</sup> 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: \_\_\_\_\_