

# CALIFORNIA OPTOMETRIC ASSOCIATION

BECOME A MEMBER TODAY!

## NEW PRACTITIONER PRIORITY MEMBERSHIP FOR 4<sup>TH</sup> YEAR STUDENTS

Eligibility in the California Optometric Association requires a doctor of optometry degree from a school or college that has been accredited or pre-accredited by the Accreditation Council on Optometric Education. Your membership application for PRIORITY MEMBERSHIP is an agreement that COA will automatically process your membership fully with AOA, COA and the local society as soon as we are notified of your graduation from optometry school or your completion of a post-grad/residency program. The ascending dues scale will go into effect as soon as the application is active.

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_

### PROFESSIONAL DATA

School of Optometry: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Will you attend a Post-Graduate/Residency Program?  No  Yes Year to be completed: \_\_\_\_\_

Post-Graduate/Residency Program Name & Location: \_\_\_\_\_

### HOME/MAILING ADDRESS

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

### WORK ADDRESS (IF AVAILABLE)

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Company Name (optional): \_\_\_\_\_ Practice/Office Web Site: \_\_\_\_\_

### DEMOGRAPHICS

*Optional*

Date of Birth: \_\_\_\_\_ [mm/dd/yy]

Gender:  Male  Female

Marital Status:  Single  Married

Widowed  Divorced

Name of Spouse (if applicable): \_\_\_\_\_ If your spouse is an OPTOMETRIST, list his/her license #: \_\_\_\_\_

Ethnicity:  American-Indian  African-American  Asian/Pacific Islander  Caucasian  Hispanic  
 Other: \_\_\_\_\_

**MEMBER PREFERENCES**

- ❖ Find An Eye Doc is a free listing offered to COA member optometrists. It is an online locator service for the general public to use in searching for an optometrist in their area.
  - YES! Please include my practice/place of employment in this listing.
- ❖ Online Membership Directory: Basic contact information will be included in a directory for COA members only.
  - I DO NOT WISH my contact information to be available in the online directory (only your name and society will be then be identified).

**PAYMENT INFORMATION**

Optional

All new graduates are exempt from dues for the balance of 2014.

Residents are assessed \$35 annual dues on 1/1/15 for AOA membership/COA dues are waived.

New professional members will be placed on level 2 of the ascending dues scale beginning 1/1/15 and will be asked to pay 10% of AOA, COA and local society dues.

**CREDIT CARD OPTIONS**

- Yes, I authorize COA to charge my credit card for my full annual COA membership dues.
- Yes, I authorize COA to charge my credit card for my COA membership dues in quarterly installments equal to one fourth of my total annual dues. (Charges will be in Jan, Apr, July and Sept)
- Yes, I authorize COA to charge my credit card for my COA membership dues in monthly installments equal to one twelfth of my total annual dues. (Charges will be on the 10<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: \_\_\_\_\_

**APPLICANT:**

Please sign and forward to COA for processing.

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

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**California Optometric Association**  
 2415 K Street, Sacramento, CA 95816  
 Toll Free (800) 877-5738 or (916) 441-3990  
 Fax (916) 448-1423  
 www.coavision.org