



I am requesting a membership status change as noted below and I agree to pay all relevant dues and assessments associated with that member category.

CA License#:	Name:			Date of Application	ı:
I request a transfer from my current society	Local S	ociety (if known):		CA License#:	
I request a transfer from my current society	SOCIETY	Y TRANSFER			
PARTIAL PRACTICE I verify that I work 16 hours or less per week (regardless of location) in active practice or related optometric activities. This category may require re-certification from time to time. I will notify COA if this status changes. I verify that I am at least 55 years of age, completely retired, and no longer receive compensation from the active practice of optometry and/or any vision care field. I will notify COA if this status changes. I would like to continue to receive membership benefits as a retired member (\$100 AOA annual dues*) 'COA and local society dues are calculated at 10% of Full dues and are not included in the estimates above. I would like to remain a retired member in name only with no membership benefits (\$0 AOA and COA annual dues*) would like to continue to contribute to the following: CalPAC \$200/Year					
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