



Status Change

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.

Name: _____ Date of Application: _____

Local Society (if known): _____ CA License#: _____

SOCIETY TRANSFER

I request a transfer from my current society _____ to _____ Society.

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.

RETIRED

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)
I would like to continue to contribute to the following:

CalPAC \$200/Year	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Local Society PAC. Amount varies**	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Legislative Fund Assessment \$192/Year	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Local Society PAC amounts vary from \$12 - \$96 annually

EDUCATOR/FACULTY

I am currently employed and work as a full-time educator at an accredited school or college and do not engage in the practice of optometry for more than 16 hours per week.

ACTIVE MILITARY DUTY

I verify that I am not practicing optometry privately and am now placed on active military duty as a (rank) _____ in the (branch of armed forces) _____ of the United States. I will notify COA when I complete my active duty.

Military Station: _____

Date entered military service: _____ Date of Discharge: _____

Return to:
California Optometric Association
 2415 K Street, Sacramento, CA 95816
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 www.coavision.org