



Indiana OPTOMETRY | Indiana Optometric Association
 10 W. Market Street, Suite 2995
 Indianapolis, Indiana 46204
 (317) 237-3560
 (317) 237-3564 (Fax)
www.ioa.org

Membership Application

(Please Print)

Personal Information:

Last Name: _____ First Name: _____ Middle Name: _____

Maiden Name (If Applicable): _____ Nick Name (If Applicable): _____

Date of Birth: ____/____/____ Male / Female

Indiana License Number: _____ Year of Indiana Licensure: _____

Original State and Year of Licensure: _____ Original License Number: _____

Other States/License Numbers: _____

School of Optometry: _____ Month/Year O.D. Degree Obtained: ____/____

Type of Application: _____ New Member _____ Reinstatement _____ Transfer from _____

Office Contact Information: (Preferred Mailing Address Yes / No)

Business Name (If Applicable): _____

Office Street Address: _____ City: _____ State: _____

Zip Code: _____ County: _____ Office Email: _____ (Preferred Y / N)

Office Phone: (_____) _____ Office FAX (_____) _____

Home Contact Information: (Preferred Mailing Address Yes / No)

Spouse's Name (If Applicable): _____

Home Street Address: _____ City: _____ State: _____

Zip Code: _____ County: _____ Home Email: _____ (Preferred Y / N)

Home Phone: (_____) _____ Home FAX (_____) _____

I certify that I am duly licensed to practice optometry in the State of Indiana. If my application is approved, I promise to fully support the Constitution, Bylaws and Code of Ethics of the Indiana Optometric Association, Inc., and the American Optometric Association. I understand that my membership will be subject to termination should I violate the provisions of the above-mentioned Constitutions, Bylaws or Codes of Ethics in any way.

Applicant's Signature: _____ **Date:** _____

Name of IOA Sponsor (Not Required): _____

Please return to:

Indiana OPTOMETRY
 10 W. Market Street, Suite 2995
 Indianapolis, IN 46204
 Fax: (317) 237-3564

IOA Local Society Use Only:

This application was **APPROVED / DISAPPROVED** (circle one)

by the _____ Society on _____, 20____,

 (Signature of Society President or Secretary-Treasurer)