



Indiana Optometric Association
10 W Market Street, Suite 2995 • Indianapolis, IN 46204
317-237-3560 • FAX 317-237-3564

Associate Membership Application (non-OD)

Associate membership in the Indiana Optometric Association, doing business as Indiana Optometry, is for individuals not licensed to practice optometry who have a substantial interest in the profession of optometry and who contribute to the advancement of the objects of this association.

(Please type or print)

Full Name of Applicant: \_\_\_\_\_

Business/Organization Name/ Your Title \_\_\_\_\_

Street Address or PO Box \_\_\_\_\_

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

Office Phone \_\_\_\_\_ / \_\_\_\_\_ Fax \_\_\_\_\_ / \_\_\_\_\_

Email Address \_\_\_\_\_

Do you have a professional license or certificate? [ ] Yes [ ] No
If yes, what is the profession in which you hold a license? \_\_\_\_\_
In what state do you hold this license? \_\_\_\_\_

Please indicate the nature of your or your organization's business
(Check all that apply)

- [ ] Optometric Lab [ ] Optometric Manufacturer
[ ] Optometric Supplier or Distributor [ ] Optometric Educator
[ ] Employer of Optometrists [ ] Optometric Co-Management Organization
[ ] Independent Representative [ ] Ophthalmologist
[ ] Other \_\_\_\_\_

Home Address:

Street Address or PO Box \_\_\_\_\_

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

Home or Cell Phone \_\_\_\_\_ / \_\_\_\_\_

I certify that the information above is accurate and true. I further certify that, upon acceptance of membership, I will fully support IOA's Constitution and By-Laws and the Code of Ethics.

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

Please return completed application to:
Indiana Optometry, 10 W. Market Street, Suite 2995, Indianapolis, IN 46204 or Fax to: 317-237-3564

## Associate Membership Application (non-OD)

\_\_\_\_ Paying by VISA/MasterCard (we do not accept American Express or Discover)

\_\_\_\_ Check is enclosed in the amount of \$\_\_\_\_\_ (Make checks payable to the Indiana Optometric Association)

### CREDIT CARD INFORMATION

	Type (Visa, MC)	Account/Card Number	Expires (Month/Year)
Credit Card			
Name on Card (PRINT)			Amount \$

*I hereby authorize the above amount to be charged >*

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