



Indiana Optometric Association
275 N. Medical Drive, #3363 • Carmel, IN 46082
317-237-3560 • FAX 317-237-3564

Associate Membership Application (AOA Member Licensed in another State)

Optometrists who are members of the AOA and an affiliate optometric association are invited to apply for membership in the Indiana Optometric Association. Members in this category are entitled to all membership benefits except that they may not hold office and have no voting privileges. Payment of \$150.00 annual dues must be submitted with your application. Payments received after September 30 will be applied to membership for the following year.

(Please type or print)

Full Name of Applicant: _____

Street Address or PO Box _____

City _____ State _____ Zip Code _____

Office Phone _____ / _____ Cell _____ / _____ Fax _____ / _____

Home Street Address or PO Box _____

City _____ State _____ Zip Code _____

Email Address _____

Are you a member of the American Optometric Association? [] Yes [] No

In which state do you hold a membership in the affiliated optometric association? _____

In which states do you hold a license to practice Optometry? _____

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 _____

_____ 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

Table with 4 columns: Credit Card, Type (Visa, MC), Account/Card Number, Expires (Month/Year), CVV (3-4 digit), Name on Card (PRINT), Amount \$

I hereby authorize the above amount to be charged.

Signature: _____ Date: _____

Please return completed application to:
Indiana Optometry, 275 N. Medical Dr., #3363, Carmel, IN 46082 or Fax to: 317-237-3564