



Indiana Optometric Association
275 N. Medical Drive, #3363, Carmel, IN 46082
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 Supplier or Distributor, Employer of Optometrists, Independent Representative, Other, Optometric Manufacturer, Optometric Educator, Optometric Co-Management Organization, Ophthalmologist

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, 275 N. Medical Dr., #3363, Carmel, IN 46082 or Fax to: 317-237-3564

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____ 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)	CVV (3-4 digit)
Credit Card				
Name on Card (PRINT)				Amount \$

I hereby authorize the above amount to be charged >

Signature: _____

Date: _____