



Indiana OPTOMETRY | Indiana Optometric Association
 275 N. Medical Drive, #3363
 Carmel, IN 46082
 (317) 237-3560
 (317) 237-3564 (Fax)
www.ioa.org

Student 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

Month/Year O.D. Degree expected to be obtained: ____/____

Contact Information: (Preferred Mailing Address Yes / No)

Campus Street Address: _____ City: _____ State: _____

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

Phone: (____) _____ cell _____ home

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

Home Street Address: _____ City: _____ State: _____

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

Home Phone: (____) _____

Please do not provide a student email address (addresses ending in ".edu")

I certify that I am duly enrolled in the Indiana University School of Optometry seeking a Doctor of Optometry degree. I further certify that I have *applied for membership* in ___ or *am a member* ___ of the Indiana University Optometric Student Association (IUOSA). If my application for student membership 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 membership shall continue for so long as I remain a member of the IUOSA and am duly enrolled in IUSO until the end of the calendar year in which I receive the degree of Doctor of Optometry. 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:** _____

Reviewing IUSO Faculty Member's Signature: _____

Please return to:

Indiana Optometric Association
 275 N. Medical Drive, #3363
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 Fax: (317) 237-3564

IOA Board of Trustees Use Only:

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

by the Indiana Optometric Association Board of Trustees on

_____, 20__.

 (Signature)

Student Membership in the Indiana Optometric Association

The Indiana Optometric Association (Indiana OPTOMETRY) was founded in 1897 and is the only statewide organization representing the interests of optometrists. Organized optometry exists to preserve, protect and advance our legislated profession. It also offers valuable benefits that are only available to members. As an association we provide the very latest credible information, resources and advocacy to keep optometrists practicing in the most efficient, effective and up-to-date way. Indiana OPTOMETRY's ability to serve the profession and our communities is directly related to the size of our membership base.

Current optometry students are eligible to join Indiana OPTOMETRY if they are members of the Indiana University Optometric Student Association (IUOSA). There is no fee for student members to join Indiana OPTOMETRY. Student membership may continue until the end of the calendar year in which the eligible Student Member has received the degree of Doctor of Optometry.

Student members may attend meetings, conferences, events or seminars sponsored by Indiana OPTOMETRY. Student members do not need to join a local society but, they may attend any local Society meeting upon presentation of proof of IOA or AOA membership.

Student members receive publications and other materials sent by Indiana OPTOMETRY to its full membership. Student members may sign up for access to the IOA's closed group Facebook page.

Plus, whether you are seeking a position after graduation or employment while still in school, you can post your resume on the IOA website under the Classified Ads at no cost to you.

The IUOSA selects a delegate to attend and participate in the House of Delegates meeting at Indiana OPTOMETRY's annual convention.

It is easy to transition from Student Membership to Active Membership upon obtaining your Indiana license. Upon becoming licensed in the State of Indiana, an application for Active Membership made by a student member shall be automatically accepted after verification of the student's standing by the IOA Central Office. A student applicant shall become a member of the local society within whose boundaries the student applicant practices immediately upon establishing a practice or obtaining employment as an optometrist; or where the student applicant resides.

Fill out the application, have it signed by an IUSO faculty member, and mail or fax it to:

Indiana Optometric Association
275 N. Medical Drive, #3363
Carmel, IN 46082

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IOA Vision

*The Indiana Optometric Association is the voice of Doctors of Optometry
in service to the eye and vision care needs of the citizens of Indiana.*

IOA Mission

The Indiana Optometric Association (IOA) is dedicated to actively supporting Indiana Doctors of Optometry by positively impacting advocacy, continuing education, clinical practice, and networking interests.