



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

RETIRED MEMBERSHIP APPLICATION

I hereby apply for Retired Membership in the Indiana Optometric Association. Such membership is provided in the IOA By-Laws as follows:

Article IV, Section 5. Classification and Privileges
 An optometrist who has been an Active, Partial Practice, Federal Service or Special Class Member and is no longer engaged in compensated optometrically related activities and is not eligible for Life Membership, shall be eligible for Retired Membership, subject to an annual review.

Article IV, Section 5. Application
 Application for Partial Practice, Retired, or Life Membership may be made by a local Society for a member by filling a request approved by the Society with the Board of Trustees on the approved form, together with a summary of the candidate's record.

Article IV, Section 5. Dues
 A Retired member of this Association shall not be required to pay dues. A similar request by the Board of Trustees is in order to the American Optometric Association.

APPLICANT INFORMATION

Last Name: _____ First Name: _____ MI: _____

Office Address (Street, City, Zip Code)

Home Address (Street, City, Zip Code)

Office Phone Number: _____ Home Phone Number: _____

Years of Membership	Date of Birth	Practice Status (circle one)	Society
_____	___/___/___	Full time Part Time Retired	_____

ADDITIONAL INFORMATION

In order for your application to be reviewed by the Board of Trustees during its February meeting and the House of Delegates, which meets once per year in April, **please submit your application and any supporting documentation to the IOA at the address listed above NO later than January 31.** Your application will be shared with your local society.

Society: **Application:** **Approved:** ____ **Disapproved:** _____ **Date:** _____

Board of Trustees: **Application:** **Approved:** ____ **Disapproved:** _____ **Date:** _____

House of Delegates: **Application:** **Approved:** ____ **Disapproved:** _____ **Date:** _____

Please return to:

Indiana Optometric Association
275 N. Medical Drive #3363
Carmel, IN 46038
Fax: (317) 237.3564

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