OHIO OPTOMETRIC ASSOCIATION

Member OD Referral

_____

APPLICATION FOR ACTIVE MEMBERSHIP

Active Member: Any optometrist residing or practicing in the State of Ohio who holds a certificate of licensure from the Ohio State Board of Optometry, and who agrees to practice consistent with the Statement of Ethics of the Ohio Optometric Association, is qualified to apply for active membership and may become an active member of the Association. Active members may vote, hold office and are extended the privilege of debate.

_____ _____ _____ _____

First Name Last Name M.I. Suffix

_____ _____

Maiden Name (if applicable) Designations (O.D., Ph.D., etc.)

Date of Birth: _____ Gender: □ Female □ Male

Home Address	**Practice/Business Name & Address**
Home phone:	Office phone:
Cell phone:	Office fax:
Home email:	Office email:

Please send all correspondence to my: ____ Home ____ Office

Select Primary Practice Setting: ___ Select Secondary Practice: ___ Other Practice Setting: ___

Self Employed:	**Employed By:**
A. 1 doctor- not affiliated with regional/national company B. 2-4 doctors - not affiliated with regional/national company C. 5+ doctors - not affiliated with regional/national company D. Franchisee - 1 OD affiliated with regional/national company E. Franchisee - Multiple ODs affiliated with regional/national company F. Lessee – affiliated with regional/national company U. Independent Contractor G. Other Self-Employed	H. Optometrist(s) not affiliated with regional/national company V. Optometrist(s) affiliated with regional/national company I. Ophthalmologist(s) J. HMO K. Hospital/Clinic/Other Multidisciplinary L. Regional/National Company M. Armed Forces/VA/USPHS/ IHS N. Educational Institution O. Local/State/Federal Government P. Optical/Ophthalmic Manufacturer or Wholesaler W. Non-Optometry-Owned Independent Franchise/Optical Q. Other Employed

Name of Optometry School Attended _____ Graduation Date _____

Ohio License Number _____ Year Licensed _____

Other States Licenses (ST/#) _____Original Year Licensed _____

I hereby apply for membership in the Ohio Optometric Association and the American Optometric Association. I understand fully, and will adhere to, the schedule of dues payment and Association Bylaws and Code of Ethics.

Signature _____ *Date* _____

Payments to the OOA are not deductible as charitable contributions for Federal Income Tax purposes. However, they may be deductible under other provisions of the Internal Revenue Code.

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Please see reverse side