



## MEMBERSHIP APPLICATION FORM

Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business FAX: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ AOA ID #: \_\_\_\_\_

Date of Initial Licensure (Year Only): \_\_\_\_\_

Optometry School Attended: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Legislative District # (Office): \_\_\_\_\_ Legislative District # (Home): \_\_\_\_\_

Areas of Interest: (Please check all that apply)

Political Advocacy     Professional Development/CE     Consumer Advocacy/Public Information

Third Party Reimbursement     Children's Vision     Membership/Membership Services/Networking

Other (please specify): \_\_\_\_\_

*The Association offers membership categories & dues amounts that are based on various practice situations. Upon receipt of your application, the NOA office will contact you regarding the appropriate category and dues amount.*

**RETURN TO:**

Nebraska Optometric Association  
1633 Normandy Ct., Ste A  
Lincoln, NE 68512  
FAX: (402) 476-6547