

# NOA Membership Application Form

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

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

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

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

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

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

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

Preferred Mailing Address: \_\_\_\_\_ Home \_\_\_\_\_ Business

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

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

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

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

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

**Areas of Interest: (Please check all that apply)**

- |  |   |                                       |
|--|---|---------------------------------------|
| <input type="checkbox"/> Political Advocacy            | <input type="checkbox"/> Third Party Reimbursement      | <input type="checkbox"/> InfantSEE    |
| <input type="checkbox"/> Professional Development/CE   | <input type="checkbox"/> Children's Vision              | <input type="checkbox"/> Vision USA   |
| <input type="checkbox"/> Consumer Advocacy/Public Info | <input type="checkbox"/> Membership/Membership Services | <input type="checkbox"/> See To Learn |
| <input type="checkbox"/> 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.*

*Optometry students receive a complimentary membership in NOA while enrolled in an approved optometry school.*

**Payment Method**     Visa    Mastercard    American Express    Discover    Check (Payable to NOA)

Name as it appears on credit card \_\_\_\_\_

Account # \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_ CCV \_\_\_\_\_

Signature \_\_\_\_\_

Billing Address \_\_\_\_\_

Email Address to send receipt to: \_\_\_\_\_

**RETURN TO:**

Nebraska Optometric Association \* 1633 Normandy Ct., Ste A \* Lincoln, NE 68512  
Phone: 402-474-7716 \* Fax: 402-476-6547 \* noa@assocoffice.net