



# 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)

Political Advocacy  Professional Development/CE  Consumer Advocacy/Public Information

Third Party Reimbursement  Children's Vision  Membership/Membership Services

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.*

<b>Credit Card Information</b> <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard
Name as it appears on credit card _____
Account # _____ Expiration Date ____/____
Signature _____

<b>RETURN TO:</b>
Nebraska Optometric Association
1633 Normandy Ct., Ste A
Lincoln, NE 68512
Phone: 402-474-7716
Fax: 402-476-6547
noa@assocoffice.net