



Florida Optometric Association
 P.O. Box 13429, Tallahassee, FL 32317
 850-877-4697 or 800-399-2334
 Fax: 850-878-0933
 e-mail: Amanda@floridaeyes.org

**FOA Ophthalmic
 Professionals
 Membership
 Application**

Referred By: _____

Date: _____

To submit by e-mail, send completed form to Amanda@floridaeyes.org. If submitting on paper, keep one copy for your files; return the original form to FOA, P.O. Box 13429, Tallahassee, FL 32317 or fax to 850-878-0933.

All information must be completed in full.

Member name: _____
 (Include first, middle initial, last name and if married Maiden Name)

Marital Status: Married Single

Spouse's name, if applicable: _____

Male Female Date of Birth: _____

Home address: _____ Business address: _____

Telephone numbers:
 Home: _____ Business: _____ Fax: _____

E-mail address: _____

All mail should be sent to: Home address Business address
 (the address you select above will be used for all membership listings, directories, etc.)

Additional Information:

Sponsoring Optometrist: _____

Practice Name: _____ My Current job position: _____

Certification: ABO NCLE CPA CPT Opto Optician Other _____

Have you ever been a member of the FOA? Yes No

Membership Payment: (Annual Dues \$25.00)

Check enclosed payable to the FOA Please charge my (Visa, MasterCard, Discover or American Express.)

Credit Card #: _____ Expiration Date: _____

Signature: _____

Interests:

Patient History & Assessment Third Party Management Patient Courtesy & Reception Administration
 Other _____

I, _____, hereby make application in accordance with the Florida Optometric Association's rules of membership. I understand the Executive Committee has authority and is charged with the responsibility for proper investigation of the facts set forth in this application, to give due consideration to my moral character and, if found properly qualified and endorsed by a majority of the Executive Committee, that I will be entitled to have my name enrolled by the secretary-Treasurer as a member of the Florida Optometric Association. I hereby specifically consent to this procedure.

By submission of this application, I agree to comply with the by-laws and to practice in accordance with the code of ethics of the Florida Optometric Associations. I understand that by providing my mailing address, e-mail address, telephone number and FAX number, I consent to receive communications via regular mail, e-mail, telephone, and/or FAX sent by/on the behalf of the Florida Optometric Association.