



Florida Optometric Association

120 South Monroe Street
Tallahassee, FL 32301
(850) 877-4697 or (800) 399-2334
Fax: (850) 878-0933
Website: www.floridaeyes.org

MEMBERSHIP APPLICATION

Referred By: _____

Date: _____

Personal Information:

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:

Home: _____

Business: _____

Cell: _____

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., and to determine local society membership.)

Licensing Information:

Name of Optometry School Attended: _____

Year of graduation: _____ Year original license obtained: _____

FL License #: _____ Year first FL license obtained: _____

Are you currently completing a residency? No Yes If yes, what year did/does it end? _____

Membership Category:

Active Partial Practice* Federal Service Special Class Student

FOA Retired Associate Corporate Optometric Educator

*Requires submission of certification affidavit annually. Certification affidavit available online.

Optometry Specialties:

Indicate practice specialty, if known: _____

I, _____, an optometrist of good repute, having taken the Florida State Board of Optometry Examination for licensure, 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.