Referred By: _____

# 2025 FOA Membership Application

120 S Monroe Street Tallahassee, FL 32301 | (850) 877-4697 | Fax: (850) 878-0933 | kyle@floridaeyes.org | www.floridaeyes.org

Member Name: _____

(include first, middle initial, last name and if married maiden name)

☐ Male ☐ Female Date of Birth: _____ ☐ Married ☐ Single Spouse's name (if applicable): _____

Cell Phone: _____ Business Phone: _____ Fax: _____

Primary Email Address: _____ Secondary Email: _____

Home Address: _____

Address City State Zip

Business Address: _____

Address City State Zip

All mail should be sent to: ☐ Home ☐ Business

Name of Optometry School Attended: _____ Year of Graduation: _____

Year Original License Obtained (in any state): _____ Year First Florida License Obtained: _____ Florida License Number: _____

Are you currently completing or have you completed a residency? ☐ Yes ☐ No What year did/does it end? _____

## Membership Category (additional membership categories available online)

Please note depending on your local society, your dues obligation may be less. The FOA will adjust your balance accordingly and apply a credit for future dues if applicable. If you are eligible for proration, your dues balance will also be adjusted for the month in which you join. Dues include FOA, AOA, SECO and local society dues.

☐ Active 5+ 2025 Dues: $2,749.00 or $687.25 quarterly
An optometrist licensed to practice optometry in Florida and who graduated from optometry school in 2020 or prior.

☐ Active 4 2025 Dues: $2,186.00 or $546.50 quarterly
An optometrist licensed to practice optometry in Florida and who graduated from optometry school in 2021.

☐ Active 3 2025 Dues: $1,623.00 or $405.75 quarterly
An optometrist licensed to practice optometry in Florida and who graduated from optometry school in 2022.

☐ Active 2 2025 Dues: $975.20 or $243.80 quarterly
An optometrist licensed to practice optometry in Florida and who graduated from optometry school in 2023.

☐ Active 1 2025 Dues: $560.60 or $140.15 quarterly
An optometrist licensed to practice optometry in Florida and who graduated from optometry school in 2024.

☐ Partial Practice 2025 Dues: $1,173.60 or $293.40 quarterly
An optometrist licensed to practice optometry in Florida who works sixteen (16) or fewer hours per week in compensated activities related to optometry. The optometrist's status must be certified annually by the optometrist and approved by the association.

☐ Post Graduate/Resident 2025 Dues $35
A non-practicing optometrist who is a full-time student in an accredited institution of higher learning. An optometrist who is engaged full-time as a resident or fellow in a residency program approved by the Council on Optometric Education

☐ Student/New Licensee 2025 Dues: $0
A student of optometry in a program at a school or college accredited or pre-accredited by the Accreditation Council on Optometric Education. Student member-ship may continue until the end of the calendar year in which an eligible student member has received the degree of Doctor of Optometry.

## Payment Authorization (you may choose to pay your dues in full or make quarterly payments)

☐ Check Amount: _____ Check Number: _____

☐ Credit Card Amount: _____ ☐ One Time ☐ Automatic Quarterly Payments

Name on Card: _____ Card Number: _____

Exp Date: _____ Signature: _____

## Application Submission—Bylaws, Code of Ethics and FCC Communications Consent

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.

Signature: _____ Date: _____