

## Membership Application



Scan or Visit:  
[www.ioa.org/membership](http://www.ioa.org/membership)  
for Online Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Maiden Name (If Applicable): \_\_\_\_\_ Nick Name (If Applicable): \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Male / Female

Indiana License Number: \_\_\_\_\_ Year of Indiana Licensure: \_\_\_\_\_

Original State and Year of Licensure: \_\_\_\_\_ Original License Number: \_\_\_\_\_

Other States/License Numbers: \_\_\_\_\_

School of Optometry: \_\_\_\_\_ Month/Year O.D. Degree Obtained: \_\_\_/\_\_\_

Residency:  Yes  No Month/Year Completed: \_\_\_/\_\_\_

Type of Application:  New Member  Reinstatement  Transfer from \_\_\_\_\_

### Office Contact Information:

Business Name (If Applicable): \_\_\_\_\_

Office Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ County: \_\_\_\_\_ Office Email: \_\_\_\_\_

Office Phone: (\_\_\_\_\_) \_\_\_\_\_ Office FAX (\_\_\_\_\_) \_\_\_\_\_

### Home Contact Information:

Spouse's Name (If Applicable): \_\_\_\_\_

Home Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ County: \_\_\_\_\_ Home Email: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Mobile Phone: (\_\_\_\_\_) \_\_\_\_\_

**Mailing Address Preference:**  Office  Home

**Email Preference:**  Office  Home

**Phone Contact Preference:**  Office  Home  Mobile

*I certify that I am duly licensed to practice optometry in the State of Indiana. If my application is approved, I promise to fully support the Constitution, Bylaws and Code of Ethics of the Indiana Optometric Association, Inc., and the American Optometric Association. I understand that my membership will be subject to termination should I violate the provisions of the above-mentioned Constitutions, Bylaws or Codes of Ethics in any way.*

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### Please return to:

Indiana Optometric Association  
10 W. Market Street, Suite 2995  
Indianapolis, IN 46204  
Fax: (317) 237-3564

#### IOA Local Society Use Only:

This application was **APPROVED / DISAPPROVED** (circle one)

by the \_\_\_\_\_ Society on \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
(Signature of Society President or Secretary-Treasurer)