

MONTANA OPTOMETRIC ASSOCIATION

MEMBERSHIP APPLICATION

APPLICANT

Name: _____
(include first, middle initial, last name, suffix such as Jr. or Sr., and any designations such as OD, PhD etc.)

Check appropriate reason for application:

- New member
 Current member changing state affiliation
 Reinstated member
 If current member changing membership affiliation, please provide AOA ID number: _____
 Transferring from: _____

OE Tracker Number (obtain from ARBO): _____

CONTACT INFORMATION

<u>Residence</u> Address: _____ _____ Telephone: _____ Fax: _____ Email: _____ Preferred method of contact: <input type="checkbox"/> Email <input type="checkbox"/> Fax Preferred location: <input type="checkbox"/> Office <input type="checkbox"/> Home	<u>Primary Office</u> Practice Name: _____ Address: _____ Telephone: _____ Fax: _____ Email: _____ Website: _____
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DEMOGRAPHICS

Male Female Date of Birth: _____ Marital Status: _____
 Spouse Name: _____ Maiden Name (if applicable): _____
 Optometric College: _____ Year of graduation: _____
 Date original license obtained: _____ List other states licensed in: _____

2009 DUES INFORMATION

Dues are structured according to the date of your **first licensure**. Please check the appropriate category below.

	<u>AOA Dues</u>	<u>MOA Dues</u>	<u>Total</u>
Calendar year of original licensure	None	None	None
<input type="checkbox"/> Year 1: 10% (first full calendar year following original licensure)	\$73.60	\$33.20	\$106.80
<input type="checkbox"/> Year 2: 20%	\$147.20	\$66.40	\$213.60
<input type="checkbox"/> Year 3: 50%	\$368.00	\$166.00	\$534.00
<input type="checkbox"/> Year 4: 75%	\$552.00	\$249.00	\$801.00
<input type="checkbox"/> Year 5: 100%	\$736.00	\$332.00	\$1068.00

Signature of Applicant: _____ Date: _____

METHOD OF PAYMENT

MOA accepts payment by check or credit card. Please contact the MOA office if you wish to make installment payments.

- Check enclosed (payable to Montana Optometric Association)
 Visa MasterCard American Express Discover

Card #: _____ Expiration Date: _____ Authorization Code: _____

Print Cardholder's Name: _____

Complete Card Billing Address: _____

Authorizing Signature: _____

Please mail application form and check (if paying by check) to:
Montana Optometric Association ▪ 36 S Last Chance Gulch, Suite A, Helena, MT 59601
 Phone: 406-443-1160 ▪ Fax: 406-443-4614
 Email: sweingartner@rmsmanagement.com ▪ Website: www.mteyes.com