

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

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: \_\_\_\_\_

2012 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)	\$83.70	\$38.20	\$121.90
<input type="checkbox"/> Year 2: 20%	\$167.40	\$76.40	\$243.80
<input type="checkbox"/> Year 3: 50%	\$418.50	\$191.00	\$609.50
<input type="checkbox"/> Year 4: 75%	\$627.75	\$286.50	\$914.25
<input type="checkbox"/> Year 5: 100%	\$837.00	\$382.00	\$1219.00

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