

MONTANA OPTOMETRIC ASSOCIATION

STUDENT MEMBERSHIP APPLICATION

■ APPLICANT

Name (Please print): _____
(include first, middle initial, last name, suffix such as Jr. or Sr., etc.)

■ CONTACT INFORMATION

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Fax: _____

Email: _____

■ DEMOGRAPHICS

Optometric College: _____ Year of graduation: _____

Male Female Date of Birth: _____

Marital Status: _____ Spouse Name: _____

■ DUES INFORMATION

No fees/dues are required for student membership in Montana Optometric Association. Attendance at MOA conferences is open to students for no charge.

News items will be sent to you by email. Please notify this office when you graduate or if you change your email address.

Signature of Applicant: _____ Date: _____

■ RETURN APPLICATION 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