



American Optometric Association, Attn: Member Records
 243 North Lindbergh Blvd., Floor 1, St. Louis, MO 63141-7881
 (314) 991-4100 or (800) 365-2219
 Fax: (314) 983-7301
 E-mail: MemberRecords@aoa.org
 Web site: www.aoa.org

**APPLICATION / STATUS CHANGE FOR
 ACTIVE MEMBERSHIP
 For the 2010 Membership Year**

Affiliated Association: Arkansas Optometric Association Date: _____

Prepared By: Connie Lunsford

This application is used to report a new active or federal services member, the reinstatement of a member, a current member requesting a change in status back to active, or to add a member transferring from another affiliate during the 2010 membership year. All information must be completed in full to process this application. Submit completed application to AOA Member Records, 243 N. Lindbergh Blvd., Floor 1, St. Louis, MO 63141-7881 or by e-mail to MemberRecords@aoa.org. A copy of the approved application will be returned upon processing.

NAME AND CONTACT INFORMATION:

 First Middle Initial Last Suffix (Jr., Sr., etc.)

Designations (O.D., Ph.D., etc.) Maiden Name (if applicable)

Home Address: _____

Business Address: _____

Telephone: _____

Telephone: _____

FAX: _____

FAX: _____

E-Mail Address: _____

Indicate address to which mail should be sent: Home Address Business Address

DEMOGRAPHIC INFORMATION:

Male Female

Date of Birth: _____

Social Security Number (optional): _____

Name of Optometry School Attended: _____

Year of Graduation: _____ Year Original License Obtained: _____

List Other States Licensed in: _____

CURRENT MEMBER CHANGING STATUS

Indicate the quarter the change in membership will begin by checking the appropriate box.

No other method of proration other than quarterly as listed below is allowed.

	1st Quarter Jan 1 - March 31	2nd Quarter April 1 - June 30	3rd Quarter July 1 - Sept 30	4th Quarter Oct 1 - Dec 31
AOA ID Number:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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CALCULATION OF DUES ASSESSMENT

Quarters Prior to Change \$ _____ Quarters After Change \$ _____ Total 2010 Dues Obligation \$ _____

Date Approved/By: _____

Comments: _____

**APPLICATION / STATUS CHANGE FOR
ACTIVE MEMBERSHIP
For the 2010 Membership Year**

NEW MEMBER, REINSTATED MEMBER, TRANSFERS

New Member: **Reinstated:** **Transferred from:** _____

CALCULATION OF DUES ASSESSMENT

Indicate the quarter the effective membership will begin by checking the appropriate box.
No other method of proration other than quarterly as listed below is allowed.

ASCENDING DUES SCHEDULE:

Full Year No Proration	1st Quarter Jan 1 - March 31	2nd Quarter April 1 - June 30	3rd Quarter July 1 - Sept 30	4th Quarter Oct 1 - Dec 31
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Year of licensure	<input type="checkbox"/> No dues assessed				
1st year following licensure	<input type="checkbox"/> \$76.80	<input type="checkbox"/> \$57.60	<input type="checkbox"/> \$38.40	<input type="checkbox"/> \$19.20	<input type="checkbox"/> \$0.00
2nd year following licensure	<input type="checkbox"/> \$153.60	<input type="checkbox"/> \$115.20	<input type="checkbox"/> \$76.80	<input type="checkbox"/> \$38.40	<input type="checkbox"/> \$0.00
3rd year following licensure	<input type="checkbox"/> \$384.00	<input type="checkbox"/> \$288.00	<input type="checkbox"/> \$192.00	<input type="checkbox"/> \$96.00	<input type="checkbox"/> \$0.00
4th year following licensure	<input type="checkbox"/> \$576.00	<input type="checkbox"/> \$432.00	<input type="checkbox"/> \$288.00	<input type="checkbox"/> \$144.00	<input type="checkbox"/> \$0.00
5th year and thereafter	<input type="checkbox"/> \$768.00	<input type="checkbox"/> \$576.00	<input type="checkbox"/> \$384.00	<input type="checkbox"/> \$192.00	<input type="checkbox"/> \$0.00

DESCENDING DUES SCHEDULE:

Full Year No Proration	1st Quarter Jan 1 - March 31	2nd Quarter April 1 - June 30	3rd Quarter July 1 - Sept 30	4th Quarter Oct 1 - Dec 31
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1st full calendar year after age 70	<input type="checkbox"/> \$576.00	<input type="checkbox"/> \$432.00	<input type="checkbox"/> \$288.00	<input type="checkbox"/> \$144.00	<input type="checkbox"/> \$0.00
2nd full calendar year after age 70	<input type="checkbox"/> \$384.00	<input type="checkbox"/> \$288.00	<input type="checkbox"/> \$192.00	<input type="checkbox"/> \$96.00	<input type="checkbox"/> \$0.00
3rd full calendar year after age 70 and thereafter	<input type="checkbox"/> \$192.00	<input type="checkbox"/> \$144.00	<input type="checkbox"/> \$96.00	<input type="checkbox"/> \$48.00	<input type="checkbox"/> \$0.00

FULL ACTIVE DUES SCHEDULE:

Full Year No Proration	1st Quarter Jan 1 - March 31	2nd Quarter April 1 - June 30	3rd Quarter July 1 - Sept 30	4th Quarter Oct 1 - Dec 31
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Annual dues	<input type="checkbox"/> \$768.00	<input type="checkbox"/> \$576.00	<input type="checkbox"/> \$384.00	<input type="checkbox"/> \$192.00	<input type="checkbox"/> \$0.00
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Comments: Please indicate if member has joined due to Board Certification

FOR AOA USE ONLY

AOA ID Number: _____ Date Approved/By: _____

Comments: