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STUDENT MEMBERSHIP APPLICATION

By joining the Arkansas Optometric Association as a student member, you will receive complementary registration to all ArOA conventions as well as a subscription to our monthly e-newsletter, and are eligible for placement assistance. Please return the completed form and check to the above address.

Name			Date of Birth	
<input type="checkbox"/> Male <input type="checkbox"/> Female		Marital Status		
Maiden Name			Spouse's Name	
Children's Names (Optional)				
Home Address				
Phone			Email Address	
All mail to be sent to: <input type="checkbox"/> Home <input type="checkbox"/> School		Year of Study: <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th		
Name of School			Anticipated Graduation Date	
School Address				
Undergraduate School			Graduation Date	
Seeking Licensure in What State(s)				
Hometown and State				
We would really like to get to know you. Please tell us about yourself. (Optional)				

I hereby apply for membership in the Arkansas Optometric Association.

Signed _____ Date _____
