



application •••
for student
membership



American Optometric Association



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American Optometric
Association



Application for Student Membership

in the American Optometric Student Association and the American Optometric Association



American Optometric Association

Membership is open to all students enrolled in accredited or preaccredited schools or colleges of optometry in the U.S., Canada, and Puerto Rico.

First Name

Middle Initial

Last Name

E-Mail Address (Your e-mail address will not be shared or sold.)

Please provide two mailing addresses. One address should be a permanent forwarding address of a relative or friend.

Permanent forwarding address (Street, Rural Route, Apartment Number)

City

State

Zip Code

Phone Number

Mailing address during school year (Street, Rural Route, Apartment Number)

City

State

Zip Code

Phone Number

Send mail to:

Permanent forwarding address

Mailing address during school year

Sex: M F

Date of Birth:

Mo.

Day

Year

Expected Graduation Date:

Mo.

Year

Name of Optometry School/College

Two possible states in which you are interested in setting up practice 1. _____ 2. _____

Would you be interested in student membership in those state associations? Yes No

If yes, can we inform those states? Yes No

Signature _____

Date _____

Payments to AOSA are not deductible as charitable contributions for federal income tax purposes. However, they may be deductible under other provisions of the Internal Revenue Code.

Return your application and membership dues to your AOSA trustee who will forward them to the St. Louis office. Students at optometry schools or colleges with prepaid dues need not submit a check with this application. Student membership in both associations shall become effective upon receipt of your dues and application in the AOSA St. Louis office.