



CALIFORNIA OPTOMETRIC ASSOCIATION

Reinstated New I was referred to membership by: _____
COA Member Name and License# (please print)

Date of Application: _____ Local Society (if known): _____

Name: _____
Last First M.I. Designation (OD, FAAO, etc.)

PRIMARY WORK LOCATION

Preferred Mailing Address Preferred Billing Address

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____ E-mail: _____

Company Name (optional): _____ Practice/Office Web Site: _____

HOME ADDRESS

Preferred Mailing Address Preferred Billing Address

Home Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____ E-mail: _____

PROFESSIONAL DATA

CA License#: _____ Date Licensed: _____ License Type: Non DPA DPA TPA

If you hold a license of optometry in another state(s) indicate: State(s): _____ License Year(s): _____

School of Optometry: _____ Year of Graduation: _____

Did you attend a Post-Graduate/Residency Program? No Yes Year Completed: _____

MODE OF PRACTICE

Employed By:

- Optometrist
- Ophthalmologist
- HMO
- Hospital/Clinic/Other Multidisciplinary
- Optical Chain
- Armed Forces/VA/USPHS/Government
- School/University
- Industry
- Other (specify): _____

Self-Employed:

- Solo Group
- # of ODs working here: _____
- Optical chain Franchise or Lessee
- Independent Contractor
- Other: _____
- Do ophthalmologists practice at this location?
- Yes No

Not Currently Active in Practicing Optometry:

- Retired
- Unemployed
- Other: _____

Hours Worked:

- I work 20 hours or less per week (total at all work locations)
- I work as a full-time Faculty Member at: _____

DEMOGRAPHICS *(optional)*

Date of Birth: _____ Gender: Male Female
mm/dd/yy

Ethnicity: American-Indian African-American Asian/Pacific Islander
 Caucasian Hispanic Other: _____

Marital Status: Single Married Widowed Divorced

Name of Spouse *(if applicable)*: _____

If your spouse is an OPTOMETRIST, list his/her license #: _____

MEMBER PREFERENCES

- Find An Eye Doc is a free listing offered to COA member optometrists. It is an online and toll free telephone locator service for the general public to use in searching for an optometrist in their area.
 YES! Please include my practice/place of employment in this listing.
- News Delivery: COA periodically sends email and fax blast communications to its members.
How would you prefer to receive News & Views and COA Member News? E-mail Fax Both email and fax
- Online Membership Directory: Basic contact information will be included in a directory for COA members only.
 I DO NOT WISH my contact information to be available in the online directory *(only your name and society will be then be identified)*.

APPLICANT SIGNATURE

Please sign and forward to COA for processing.

I hereby apply for membership in the California Optometric Association, the American Optometric Association and the (local) _____ Optometric Society. If elected, I will abide by their bylaws, Code of Ethics, and agree to pay all dues and assessments promptly.

Signature: _____ Date: _____

FOR LOCAL SOCIETY OFFICIAL USE

Please sign and forward back to COA.

This application has been reviewed by the (local) _____ Optometric Society.

The applicant named above is APPROVED DENIED for membership.

Name *(print)* _____

Signature: _____ Date: _____

CALIFORNIA OPTOMETRIC ASSOCIATION
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