



# IOWA OPTOMETRIC ASSOCIATION

## APPLICATION FOR MEMBERSHIP

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Type of Membership Applied for: 1st year  2nd year  3rd year  4th year  Regular

Name: \_\_\_\_\_  
(last) (first) (middle) (prefers)

Business Name: \_\_\_\_\_ Business Fax #: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Business Address: \_\_\_\_\_ Business Phone #: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(street) (town) (zip)

Home Address: \_\_\_\_\_ Phone no: \_\_\_\_\_  
(street) (town) (zip)

E-mail Address: \_\_\_\_\_

Birth Place: \_\_\_\_\_ Date: \_\_\_\_\_

Married  Single  Spouse's name: \_\_\_\_\_ Number of children: \_\_\_\_\_

Maiden name, if married: \_\_\_\_\_

Have you ever been a member of the Iowa Optometric Association? Yes  No   
If yes, when? From: \_\_\_\_\_ To: \_\_\_\_\_

### *General Education*

Attended Grade School (Location & Date): \_\_\_\_\_

Attended High School (Location & Date): \_\_\_\_\_

Graduation from High School (Location & Date): \_\_\_\_\_

High School Post-Graduate Work (Location & Date): \_\_\_\_\_

### *Non-Optometric College or University Work*

Attended (School, Location & Date): \_\_\_\_\_

Graduation Date or Degree  
Period of Attendance: \_\_\_\_\_ Attained: \_\_\_\_\_

### *Optometric Education*

Attended (School): \_\_\_\_\_ Location: \_\_\_\_\_

Date From: \_\_\_\_\_ to: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Degree Attained: \_\_\_\_\_

Optometric Post-Graduate Work: \_\_\_\_\_

### *Optometric Experience*

State in Which  
First Licensed: \_\_\_\_\_ Date: \_\_\_\_\_ License No: \_\_\_\_\_

States In Which Now Licensed: **ARBO NO:** \_\_\_\_\_

State \_\_\_\_\_ Date of Admission \_\_\_\_\_ License No: \_\_\_\_\_

State \_\_\_\_\_ Date of Admission \_\_\_\_\_ License No: \_\_\_\_\_

State \_\_\_\_\_ Date of Admission \_\_\_\_\_ License No: \_\_\_\_\_

Locations in which you have practiced:

Town \_\_\_\_\_ State \_\_\_\_\_ Date \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Date \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Date \_\_\_\_\_

Optometric Specialty, if any \_\_\_\_\_

***Organizational Membership***

Civic \_\_\_\_\_

Fraternities \_\_\_\_\_

Social \_\_\_\_\_

Professional \_\_\_\_\_

Religious \_\_\_\_\_

***General Civic Activities***

Organizations which you have served	Office Held	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

***Military Service***

Branch of Service \_\_\_\_\_ Date of Induction or Enlistment \_\_\_\_\_

Date of Discharge \_\_\_\_\_ Rank/Pay grade \_\_\_\_\_

Political Preference (optional) \_\_\_\_\_

Optometric References:	City, Town
_____	_____
_____	_____
_____	_____

If accepted for membership, I agree to abide by the Code of Ethics and Rules of Conduct of the Iowa Optometric Association.

(Signed) \_\_\_\_\_

Complete and return to:  
**Iowa Optometric Association**  
6150 Village View Drive Suite 105  
West Des Moines, IA 50266  
800-444-1772 or 515-222-5679  
Fax # 515-222-9073