



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 give permission to use photographs and/or video of me during Association events to promote Association activities. Such use could include publications, media releases and on Association websites or social media pages. I also 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