



2016 MEMBERSHIP APPLICATION

Being a licensed Optometrist interested in the further professional and scientific advancement of my profession, and being in accord with the purpose and objectives of the Georgia Optometric Association, I do hereby apply for GOA Membership.

Please Print Application

Date: _____

☐ New Member ☐ Reinstate Member ☐ State Transfer ☐ Current AOA Member ☐ AOA Member ID _____

I was referred to membership by: _____
(GOA Member Name)

PERSONAL INFORMATION

Name: _____

Date of Birth: _____ (Last) (First) (Middle) ☐ Male ☐ Female

Marital Status: ☐ Single ☐ Married Name of Spouse (if applicable): _____
(If your spouse is an OPTOMETRIST, list his/her full professional name)

HOME ADDRESS

Home Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____ Cell: _____

E-mail: _____

How would you like to receive your GOA Newsletter ☐ Email ☐ USPS

PRIMARY WORK LOCATION

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Preferred Mailing Address: ☐ Home Address ☐ Work Address

PROFESSIONAL DATA

School of Optometry: _____ Month/Date/Year of Graduation: _____

Year Originally Licensed in ANY State: _____ (Dues are based off of original license date) GA License#: _____

Date Licensed in GA: _____ If you hold a license of optometry in another state(s) indicate: State(s): _____

If you completed a residency, please indicate Month/Year Completed _____

MODE OF PRACTICE

Employed By:

- ☐ Optometrist
- ☐ Ophthalmologist
- ☐ HMO
- ☐ Hospital/Clinic/Other Multidisciplinary
- ☐ Optical Chain
- ☐ Armed Forces/VA/USPHS/Government
- ☐ School/University

Self-Employed:

- ☐ Solo ☐ Group
- # of ODs working here: _____
- ☐ Optical chain Franchise or Lessee
- ☐ Independent Contractor
- ☐ Other: _____
- Do ophthalmologists practice at this location?

Not Currently Active in Practicing Optometry:

- ☐ Retired
- ☐ Unemployed
- ☐ Other: _____
- Hours Worked: _____
- ☐ I work 16 hours or less per week (total at all work locations)
- ☐ I work full time

Do you have a specialty and if so what area? _____

In order for this membership application to be processed, I authorize the staff of the Georgia Optometric Association to charge the amount of \$_____ using the credit/debit card listed below. I understand this amount will complete the membership process and will cover the first quarter of active membership. I understand and acknowledge the total dues obligation and authorize

☐ Quarterly amount of \$_____ ☐ Annual amount of \$_____

to be automatically processed using the card on file to maintain my membership with both the Georgia Optometric Association and the American Optometric Association. If for any reason my card does not process automatically, I understand that I will have 30 days to update my automatic payment information or will use another form of payment. Please use the 2016 dues scale below to determine your AOA and GOA dues obligation.

Major Credit Card _____ EXP. DATE _____ CVC Security # _____

Name Associated With Card _____

Billing Address For Card _____

APPLICANT SIGNATURE _____

DATE _____

TO BE COMPLETED BY GOA OFFICE

The applicant will be a member of the _____ District

The applicant above is ☐ Approved ☐ Denied for membership

Signature _____
GOA Secretary

Date: _____

| | New Licensee | 1st Calendar Year Active Practice | Second Year | Third Year | Fourth Year | Fifth Year |
|--------------------------|--------------|---|----------------|---------------|----------------|---------------|
| <u>ORIGINAL LICENSED</u> | 2016 | 2015 | 2014 | 2013 | 2012 | 2011 & Before |
| GOA: | | | | | | |
| Month | \$0.00 | \$7.03 | \$14.06 | \$35.16 | \$52.74 | \$70.31 |
| Quarter | \$0.00 | \$21.10 | \$42.19 | \$105.47 | \$158.21 | \$210.94 |
| Year | \$0.00 | \$84.38 | \$168.75 | \$421.88 | \$632.82 | \$843.76 |
| AOA: | | | | | | |
| Month | \$0.00 | \$7.48 | \$14.97 | \$37.42 | \$56.13 | \$74.83 |
| Quarter | \$0.00 | \$22.45 | \$44.90 | \$112.25 | \$168.38 | \$224.50 |
| Year | \$0.00 | \$89.80 | \$179.60 | \$449.00 | \$673.50 | \$898.00 |
| GOA/AOA | | | | | | |
| Month | \$0.00 | \$14.52 | \$29.03 | \$72.57 | \$108.86 | \$145.15 |
| Quarter | \$0.00 | \$43.55 | \$87.09 | \$217.72 | \$326.58 | \$435.44 |
| Year | \$0.00 | \$174.18 | \$348.35 | \$870.88 | \$1,306.32 | \$1,741.76 |

Please Return Application to or Direct Any Questions To:
Ms. Kim Hollis, Membership Coordinator
400 West Peachtree St. NW, Suite 201, Atlanta, GA 30308
Toll Free (800) 949-0060 or Local (770) 961-9866 ext 2
KHollisGOA@gmail.com or Fax (770) 961-9965