



2016 STUDENT APPLICATION

The Georgia Optometric Association offers complimentary membership to **students** of Optometry. Upon graduation, you must submit a standard membership application or Resident Application in order for your membership to continue.
The Georgia Optometric Association offers Optometry **Residents** full level benefits for the duration of the program for a minimal rate. Upon completion of the program, you must submit a standard application in order for your membership to continue.

I was referred by _____

☐ **Student Membership**

☐ Current AOA/AOSA Student Member AOA ID# _____

PERSONAL INFORMATION

Name: _____
(Last) (First) (Middle)

Date of Birth: _____ ☐ Male ☐ Female

Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Divorced

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: _____ Cell: _____

E-mail: _____

PREFERRED MAILING ADDRESS

☐ Same as above

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Company Name: _____

PROFESSIONAL DATA

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

I WISH TO WORK IN THE FOLLOWING MODE OF PRACTICE

Employed By:

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

Self-Employed:

- ☐ Solo ☐ Group
- # of ODs working with: _____
- ☐ Optical chain Franchise or Lessee
- ☐ Independent Contractor
- ☐ Other: _____
- ☐ In an ophthalmology practice

Are you studying a specialty and if so what area? _____

APPLICANT SIGNATURE

Signature: Student Doctor _____ Date: _____