



# Arizona Optometric Association

1702 East Highland, Ste. 213, Phoenix, Arizona 85016

P: (602) 279-0055 FAX (602) 264-6356

E: [azoa@azoa.org](mailto:azoa@azoa.org) W: [www.azoa.org](http://www.azoa.org)

## 2019 NATIONWIDE VISION APPLICATION FOR AZOA MEMBERSHIP

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ AOA# \_\_\_\_\_

Gender: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Nationwide Vision Center Location Employed: \_\_\_\_\_

Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Where would you like to receive correspondence (Circle One)** Home Office

Date Licensed in Arizona: \_\_\_\_\_ Arizona License Number: \_\_\_\_\_

Did you serve a residency- if so where: \_\_\_\_\_ Date: \_\_\_\_\_

Optometry School Graduated From: \_\_\_\_\_ Date: \_\_\_\_\_

Year Original License Obtained: \_\_\_\_\_

Realizing the benefits to be derived from organized optometry, I hereby apply for membership in the Arizona Optometric Association and the American Optometric Association, and upon approval, I will abide by their constitution, by-laws and policy manual and agree to pay all dues and assessments promptly.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please make check payable to: Arizona Optometric Association – 1702 East Highland, Ste 213, Phoenix, AZ 85016, or you may pay by credit card in the space provided below.

Credit Card Number \_\_\_\_\_ Exp: \_\_\_\_\_ Amount: \_\_\_\_\_

Billing Address for Credit Card : \_\_\_\_\_ Zip: \_\_\_\_\_ V-Code (required) \_\_\_\_\_

### Amounts shown below are what is due from the applicant as Nationwide Vision pays the other 50% as an employee benefit **NATIONWIDE VISION RATES: (PLEASE CIRCLE ONE OPTION BELOW)**

1 <sup>st</sup> Year OD – Graduated in 2018	Annually \$ 87.75	Qtr. \$ 21.93	
2 <sup>nd</sup> Year OD – Graduated in 2017	Annually \$ 175.50	Qtr. \$ 43.88	CONTACT JOANNE FOR MONTHLY joanne@azoa.org
3 <sup>rd</sup> Year OD – Graduated in 2016	Annually \$ 438.75	Qtr. \$ 109.69	
4 <sup>th</sup> Year OD – Graduated in 2015	Annually \$ 658.13	Qtr. \$ 164.53	
5 <sup>th</sup> Year + OD – Graduated in 2014	Annually \$ 877.50	Qtr. \$ 219.38	

#### **PARTIAL PRACTICE MEMBERSHIP**

1 Day or less per week (60% of AOA dues + 20% of AZOA dues)	Annually \$367.50	Qtr. \$ 91.88
2 Days or 16 hrs per week (60% of AOA dues + 40% of AZOA dues)	Annually \$447.00	Qtr. \$ 111.76
2-3 Days per week (100% of AOA + 60% of AZOA of dues)	Annually \$718.50	Qtr. \$ 179.63
3 + days per week <i>Full Membership</i>		