



Arizona Optometric Association

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

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

E: azoa@azoa.org W: www.azoa.org

2020 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 st Year OD – Graduated in 2019	Annually \$ 88.35	Qtr. \$ 22.09
2 nd Year OD – Graduated in 2018	Annually \$ 176.70	Qtr. \$ 44.18
3 rd Year OD – Graduated in 2017	Annually \$ 441.75	Qtr. \$ 110.44
4 th Year OD – Graduated in 2016	Annually \$ 662.63	Qtr. \$ 165.66
5 th Year + OD – Graduated in 2015	Annually \$ 883.50	Qtr. \$ 220.88

PARTIAL PRACTICE MEMBERSHIP

1 Day or less per week (60% of AOA dues + 20% of AZOA dues)	Annually \$371.10	Qtr. \$ 92.78
2 Days or 16 hrs per week (60% of AOA dues + 40% of AZOA dues)	Annually \$450.60	Qtr. \$ 112.65
2-3 Days per week (100% of AOA + 60% of AZOA of dues)	Annually \$724.50	Qtr. \$ 181.13
3 + days per week <i>Full Membership</i>		