



Florida Optometric Association

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MEMBERSHIP APPLICATION

Referred By: _____

Date: _____

Personal Information

Name: _____

(first)

(middle initial)

(last)

(maiden)

Marital Status: ☐ Married ☐ Single

Spouse's name (if applicable): _____

Gender: ☐ Male ☐ Female

Date of Birth: _____

Home Address:

Business Address:

Home Phone: _____

Cell: _____

Fax: _____

E-mail Address: _____

All mail should be sent to: ☐ Home Address ☐ Business Address

(address you select will be used for all membership listings, directories, etc.)

Licensing Information

Name of Optometry School Attended: _____

Year of Graduation: _____ Year of original license: _____ Year first FL license: _____

FL license # obtained: _____

Are you currently completing a residency?: ☐ Yes ☐ No If yes, what year does it end? _____

Membership Category

☐ Active

☐ *Partial Practice ☐ Federal Service

☐ FOA Retired

☐ Associate

☐ Corporate

☐ Optometric Educator

*Requires submission of certification affidavit annually. Certification affidavit available online.

Optometry Specialties

Indicate practice specialty, if known: _____

I, _____, an optometrist of good repute, having taken the Florida State Board of Optometry Examination for licensure, hereby make application in accordance with the Florida Optometric Association's rules of membership. I understand the Executive Committee has authority and is charged with the responsibility for proper investigation of the facts set forth in this application, to give due consideration to my moral character and, if found properly qualified and endorsed by a majority of the Executive Committee, that I will be entitled to have my name enrolled by the secretary-Treasurer as a member of the Florida Optometric Association. I hereby specifically consent to this procedure.

By submission of this application, I agree to comply with the by-laws and to practice in accordance with the code of ethics of the Florida Optometric Associations. I understand that by providing my mailing address, e-mail address, telephone number and FAX number, I consent to receive communications via regular mail, e-mail, telephone, and/or FAX sent by on the behalf of the Florida Optometric Association.