



New Hampshire Optometric Association

466 Washington Road, Rye NH 03870
Phone: (603-964-2885
www.nheyedoctors.org – bsk.nhoa@gmail.com

Prepared By _____

Date _____

2018 APPLICATION FOR ACTIVE MEMBERSHIP

AOA ID Number _____ Member Name _____

_____ First _____ Middle Initial _____ Last _____

_____ Suffix (Jr., Sr., etc.) _____ Designations (O.D., Ph.D., etc.) _____ Former/Maiden Names Used _____

CONTACT INFORMATION

Preferred Mailing Address Home Business

Home Address

Email _____

Telephone _____ Cell _____

Business Address (Note: If business name and address is not provided, the member will not appear in the AOA Doctor Locator website.)

Practice/Business Name _____

Address _____

Email _____

Telephone _____

Indicate primary _____ and secondary _____ practice settings from list below:
(Your application will not be denied if you omit this question)

Self-Employed:

- A. Solo Practice Owner-(1 doctor **not affiliated** with a regional/national/local optical chain)
- B. Group Practice Owner-(2 or more doctors, **not affiliated** with a regional/national/ local optical chain)
- C. Solo Franchisee-(1 doctor **affiliated** with a regional/national optical chain)
- D. Group Franchisee-(Multiple doctors **affiliated** with a regional/national optical chain)
- E. Independent contractor/Lessee-(practice is **not affiliated** with a regional/national/local optical chain)
- F. Independent contractor/Lessee-(practice **is affiliated** with a regional/national/local optical chain)
- G. Multidisciplinary Practice Owner-(optometrist who is an owner of a practice in partnership with Ophthalmologists)

- I. Optometrist(s) **affiliated** with a regional/national optical company
- J. Ophthalmologist(s)
- K. HMO
- L. Hospital/Clinic/Other Multidisciplinary
- M. Community Health Center
- N. Regional/National Optical Company
- O. Armed Forces/VA/USPHS
- P. Educational Institution
- Q. Government or Indian Health Services
- R. Optical/Ophthalmic Manufacturer or Wholesaler
- S. Non-Optometry-owned independent Franchise/Optical
- T. Other employed by

Other:

- U. Fully Retired, no patient care
- V. Unemployed
- W. Non-optometry related career change

Employed by:

- H. Optometrist(s) **not affiliated** with a regional/national optical company

Please complete Page 1 and Page 3 of this application.
DO NOT COMPLETE PAGE 2 – that is for AOA and NHOA use only!
Return the application to the NHOA office either by email or regular mail. It will be processed promptly.

Member Is

- New
 - Reinstated
 - Transferred From _____
- Effective Month of Membership** _____

DEMOGRAPHIC INFORMATION

Date of Birth _____

(Your application will not be denied if you omit the two following questions (Gender/Ethnicity))

Gender Male Female

- Ethnicity** White Caucasian
- Black African American Hispanic
- Native American Asian Other

Optometry School Attended

Year of Graduation _____

Licenses Obtained

Year	State
_____	_____
_____	_____
_____	_____

NPI Number _____

Military Service

Branch _____

Rank _____

Status Active Reserve Retired

DUES OBLIGATION CALCULATION

Use the chart below to determine the 2018 annual dues obligation. No method of proration other than monthly as listed below is allowed. Members who have dropped and reinstated membership in the same year with the same affiliate must pay full year dues.

Effective Month of Membership _____ 2017 Annual Dues \$ _____



AOA ID Number _____ 2017 Dues Obligation \$ _____

Date Approved/By _____

Comments

Additional Information:

Your Undergraduate College:

Additional Degrees (other than O.D.): Bachelor's Master's
Ph.D. Other: (specify)

If you have completed an optometric RESIDENCY, check here () and ATTACH A CERTIFICATE OF RESIDENCY COMPLETION.

HAS YOUR LICENSE TO PRACTICE EVER BEEN SUSPENDED OR REVOKED ANYWHERE? NO If yes, attach a statement with full details including all relevant official papers.

Your NH License #: Your spouse's name:

Your NHOA and AOA memberships are NOT contingent on your mode of practice or employment status.

From time to time, NHOA may release its membership list to people or companies who could provide you with information, or contact you. Please initial HERE () if you do NOT want your name released as a member of the NHOA to any outside source.

I hereby apply for membership in the New Hampshire Optometric Association. I agree to conform to the Constitution, By Laws, Code of Ethics and Standards of Conduct of the Association, copies of which are available on request from the NHOA office. Continued membership in the Association is contingent on this. Membership is voluntary and may be cancelled by either myself or the Association in accordance with the By Laws.

I understand that membership in the Association carries both rights and obligations, including the obligation to support the Association by timely payment of my dues and other financial obligations.

I certify that all information provided is true and complete. Any misrepresentation or misstatement of fact on this application shall cause it to be rejected, and you will not be eligible to re-apply for three years.

**Signature
or Typed
Name:**

Date: