

## NOA MEMBERSHIP APPLICATION



Membership in the National Optometric Association (NOA) is an investment in the future of optometry and eye health. With your enthusiastic support, the NOA will continue to provide you special access to the best our optometric profession offers, ensuring that vision education continues to be illuminated through our scholarship funding, education programs, and family-oriented conventions. Be sure to visit our website and follow us on Facebook, Twitter, and Instagram for program information, upcoming activities, and new developments!

**NOA Memberships range from \$0 to \$550. Pricing varies depending on your membership type. Membership Dues run from January 1st to December 31st, but payments submitted at any time throughout the year will be recognized until December 31st.**

### Membership Breakdown

- Annual Regular memberships are for OD's.
- Corporate partners are for sponsorships.
- New graduates are for students who recently graduated. 1st 18 months free
- Life Partners are members that have been with the organization for 10-20 years.
- Honorary members dedicate time to serving on the NOA board.

**RENEW** your membership early or become a **NEW** member now in support of our mission; "Advancing the Visual Health of Minority Populations." Member benefits include:

- Free 30-day job postings for members in the monthly newsletter and on the NOA website
- Free regional CE events
- Discounted membership with various alliance groups
- Discounts on annual meetings and national events
- Access to important documents, forms, Job Seekers' List & OD Forum
- Voting and nominating rights
- Free educational patient material

### DID YOU KNOW?

- NOA members have provided **FREE** visual screening, examinations, and free glasses to thousands of underserved patients during our annual "serve where you go" Community service initiative in partnership with VSP Mobile Eye Clinic
- NOA has over 600 members in the U.S. including Puerto Rico and Canada
- NOA has 22 Student Associations with over 700 members
- NOA recently gave over \$80,000 in scholarships to NOSA students at college as part of our "Visioning the Future" HBCU initiative
- Both NOA's Founders were inducted into the AOA

Name				Professional Degrees				Date									
Home Address				City				St	zip								
Practice Address				City				St	zip								
Phone (Cell)		Phone (Ofc)				Phone (Hm)											
Optometry School				Class Year													
Email Addresses	(Primary) (Secondary)																
<b>Please select membership type</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><input type="checkbox"/> New Graduate- FREE: 1st 18 months post graduation</td> <td style="width: 50%;"><input type="checkbox"/> Corporate Partner</td> </tr> <tr> <td><input type="checkbox"/> Annual Regular (practicing for 4 years or less) (\$450)</td> <td><input type="checkbox"/> Annual Regular (practicing for 5 years or more) (\$550)</td> </tr> <tr> <td><input type="checkbox"/> Military Member (\$450)</td> <td><input type="checkbox"/> Life Partner (\$550)</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Honorary (\$550)</td> </tr> </table>										<input type="checkbox"/> New Graduate- FREE: 1st 18 months post graduation	<input type="checkbox"/> Corporate Partner	<input type="checkbox"/> Annual Regular (practicing for 4 years or less) (\$450)	<input type="checkbox"/> Annual Regular (practicing for 5 years or more) (\$550)	<input type="checkbox"/> Military Member (\$450)	<input type="checkbox"/> Life Partner (\$550)	<input type="checkbox"/> Honorary (\$550)	
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Email Address				Practice Type													
Phone (Cell)		OE Tracker Number															
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<b>Payment Method</b> <p><input type="checkbox"/> Check or M.O., <b>made payable to the NATIONAL OPTOMETRIC ASSOCIATION</b> is enclosed/attached. **To pay by credit card, complete and <u>sign</u> the form below.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"><input type="checkbox"/> **Credit Card #</td> <td style="width: 25%;"><input type="checkbox"/> CVV Code</td> <td style="width: 25%;"><input type="checkbox"/> Expiration Date</td> <td style="width: 25%;"></td> </tr> </table>										<input type="checkbox"/> **Credit Card #	<input type="checkbox"/> CVV Code	<input type="checkbox"/> Expiration Date					
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Signature																	

**Membership application continued.....**

<b>What can the NOA do to be a better support system for you?</b>	
<b>How can the NOA help accelerate your career success?</b>	
<b>What career goals would you like to accomplish in the next 5 years?</b>	
<b>Are you interested in giving back through volunteer activities with the NOA?</b>	
<b>Are there any specific ways that you would like to help support our mission?</b>	

**Practice modalities that interest you**

**Select all that apply**

- Private Practice (owner/partner)
- Private Practice (Employee)
- Hospital/HMO Employee
- VA/Community Health Org. Employee
- Corporate Optometry (Lease Holder)
- Corporate Optometry (Employee)
- Industry (clinical role)
- Industry (non-clinical role)
- Military
- Other

Mail completed form to 5009 Beattie's Ford Rd., Suite 107 #278, Charlotte, NC 28216