



# East Texas Optometric Society

## Membership Application / Renewal

2007

New Member

Current Member

Previous Member

Please check appropriate box

Name: \_\_\_\_\_  
*Last First M.I. Designation (OD,FAAO, etc.)*

**PRIMARY WORK LOCATION**  Preferred Mailing Address

Street Address: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**HOME ADDRESS**  Preferred Mailing Address

Street Address: \_\_\_\_\_

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

**PROFESSIONAL DATA**

Optometry School: \_\_\_\_\_

Year Graduated: \_\_\_\_\_ Residency:  Yes, Program \_\_\_\_\_  No

TX License #: \_\_\_\_\_ Year Licensed: \_\_\_\_\_

Please indicate any ETOS committees you may be interested in serving on:

- Continuing Education
- TOA liaison
- Membership
- Communications
- Legislative
- Social

Are you a TOA member?  Yes  No If no, please explain below:

I hereby apply for membership to the East Texas Optometric Society. I will abide by its bylaws, Code of Ethics as outlined by the American Optometric Association, and agree to pay all dues and assessments promptly.

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

Please submit a completed application along with \$75.00 annual membership dues to:

East Texas Optometric Society  
2500 Judson Road, Suite B  
Longview, TX 75605