



Alabama Optometric Association Membership Application 2009

Name: _____

Mailing Address: _____

Mailing City, State, Zip _____

Phone: _____ Fax: _____

Email: _____

Practice Name: _____

Optometry School: _____ Graduation Date: _____

Original License Date: _____ Alabama License Number: _____

Date of Birth: _____

Would you like to receive communications from the ALOA by:

- mail fax email

Your membership category will be:

Annual Dues

- Active.....\$1496
- Educator (Full Time Faculty).....\$ 711
- AFOS (member of Armed Forces).....\$ 380
- Partial Practice:
 - 0-8 hours worked per week.....\$299.20
 - more than 8 up to 16 hours worked per week.....\$598.40
 - more than 16 up to 24 hours worked per week.....\$897.60
- New Licensee
 - Licensed in 2008.....\$ 149.60
 - Licensed in 2007.....\$ 299.20
 - Licensed in 2006.....\$ 748.00
 - Licensed in 2005.....\$1122.00

**Send to application and payment to ALOA; 1043 Ambassador Court; Montgomery, AL 36117
or fax to 334-273-9681. Email to optometry@alaopt.com**

(Over for payment options)

Make your dues payments the easy way. Sign up for a credit card draft or bank draft.

Credit Card Draft: The ALOA can charge your dues to a credit card on a one-time or monthly basis. Simply fill out the information below and fax it to the ALOA office at (334)273-9681 or mail it to us at 1043 Ambassador Court, Montgomery, AL 36117.

Name: _____

Credit Card Billing Address: _____

Phone: _____ Fax No. _____

VISA MASTERCARD AMERICAN EXPRESS DISCOVER

Credit Card Number: _____ Exp. Date: _____

Debit account for \$ _____ per month

or Debit account for a one time charge of \$ _____.

Signature: _____

Bank Draft: Pay your pre-paid dues electronically with the ALOA's Automatic Payment Plan. Simply authorize your bank to pay your prepaid dues from your checking account directly to the Alabama Optometric Association

I, _____ authorize the Alabama Optometric Association to initiate debit entries to my ___ checking/ ___ savings account (select one) indicated below and the depository named below to debit the account. I understand that the charge will appear on my bank statement. I want this charge to continue automatically unless I give written notice to the Alabama Optometric Association to stop it.

Your Name: _____

Depository Name: (Your bank): _____

City: _____ Zip: _____

Bank Routing Number: _____

Account Number: _____

Signature of account owner: _____

Debit account for \$ _____ per month

or Debit account for a one time charge of \$ _____.