



ACTIVE MEMBERSHIP APPLICATION

FAX (614-781-6521), EMAIL ([info@ooa.org](mailto:info@ooa.org)), or MAIL completed application to the Ohio Optometric Association

Full Name \_\_\_\_\_ Suffix (Jr, Sr, etc) \_\_\_\_\_

Maiden (if applicable) \_\_\_\_\_ Designations (OD, PhD, etc) \_\_\_\_\_

Mailing Contact Preference  Home  Work

Home Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Practice/Organization Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Fax \_\_\_\_\_

Preferred Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender:  Female  Male  Choose not to disclose

Primary Practice Setting: \_\_\_\_\_ Secondary Practice: \_\_\_\_\_ Other Practice Setting: \_\_\_\_\_

Self Employed:	Employed By:
A. Owner – OD Private Practice; <u>not</u> affiliated with regional/national company	H. 2-4 OD Private Practice; <u>not</u> affiliated with regional/national company
B. Owner – 2-4 OD Private Practice; <u>not</u> affiliated with regional/national company	I. 5+ OD Private Practice; <u>not</u> affiliated with regional/national company Private
C. Partner – 5+ OD Private Practice; <u>not</u> affiliated with regional/national company	J. Regional/National Company
D. OD Franchisee; affiliated with regional/national company	K. Multi-Discipline/Ophthalmology Practice
E. Multiple OD Franchisee; affiliated with regional/national company	L. University
F. Lessee; affiliated with regional/national company	M. Hospital/Clinic
G. Independent Contractor	N. VA Hospital/Clinic
	O. FQHC/School Based Health Center
	P. Optical/Ophthalmic Manufacturer or Wholesaler
	Q. Other Employed



Optometry School \_\_\_\_\_ Graduation Date \_\_\_\_\_

Year(s) of Residency (if applicable) \_\_\_\_\_ Location \_\_\_\_\_

OH License Number \_\_\_\_\_ Year Obtained \_\_\_\_\_

Other State Licenses (ST/#) \_\_\_\_\_ Original License Year (if different than OH) \_\_\_\_\_

**The following section is voluntary.**

**Marital Status:**  Single  Married  Divorced  Widowed  Partner  Choose not to disclose

Name of spouse (if applicable) \_\_\_\_\_

**Ethnicity/Race:**  Hispanic/Latino  White  Black/African American  Asian  
 Native American  Alaska Native/Pacific Islander  Other  Choose not to disclose

**Military Service:**

Branch:  Army  Marine Corps  Navy  Air Force  Coast Guard  National Guard

Status:  Active  Inactive  Deactivated  Reserves  Retired

**Is there an OOA member who spoke with you about joining the association? If yes, please list the member OD who referred you to membership:**

**Ohio Optometric Association CODE OF ETHICS:**

1. To practice the art and science of optometry faithfully and conscientiously, and to the fullest scope of the most current standards of care and competency of the honorable profession of optometry.
2. To uphold and promote by example and action the highest standards, ethics, and ideals of our chosen profession.
3. To provide professional care for those who seek our services with concern, compassion, and due regard for their human rights, dignity, and privacy, without discrimination or financial consideration.
4. To place the needs of the patient above all else in order to better care for their visual performance and comfort as well as their ocular and systemic health with any and all means of restoring, maintaining, or enhancing their visual and general welfare.
5. To maintain unselfish relationships with other members of the optometric profession as well as other disciplines for the benefit of our patients and the advancement of human knowledge and welfare.
6. To hold all patient information with highest confidentiality and privacy.
7. To serve our communities, country, and humankind as exemplary citizens in all aspects.

**I hereby apply for membership in the Ohio Optometric Association and the American Optometric Association. I understand fully, and will adhere to, the schedule of dues payment and Association Bylaws and Code of Ethics.**

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