Texas Ophthalmological Association
Application for Provisional Membership

Provisional members ($300 annual dues) will be considered for elevation by the Executive Council to Regular membership ($550 annual dues) after a one-year period of provisional membership. They shall be eligible to vote, attend meetings, and receive regular mailings. They shall not be eligible to hold office.

General Information

Full Name	Degree(s)
Primary Office Address (preferred address for mailing?_____)	
Home Address (preferred address for mailing? _____)	
Email Address: May other TOA members view this email address?: _____YES _____NO	

Office Phone Number	Fax Number	Include in "Find an EYE MD" public search?
Specialty within Ophthalmology	Location (cities) of any satellite offices	Date of Birth

Education & Credentials

Medical Education (School & Completion Date)	
Residencies/Fellowships (Programs & Completion Dates)	

American Board of Ophthalmology certification date	TX Medical License Number *(required)*

By signing below, you certify that:
1. The above information is true.
2. You are a duly licensed physician practicing ophthalmology in Texas.
3. And one or both of the following is true:

   Certified by the American Board of Ophthalmology

   Have been practicing ophthalmology for not less than three years (*which may include an approved three-year ophthalmology residency training period, or its equivalent, as determined by the Executive Council of the Association).*

I hereby apply for membership in the TOA, and, if elected, agree to abide by its Constitution & Bylaws.

Signature	Date of Application

Please send application & $300 dues payment to: *TOA, 401 West 15th Street, #825, Austin, TX 78701*

(512) 370-1504   Fax: (512) 370-1637   toa@texaseyes.org   www.TexasEyes.org

Payment is required at the time of application.

Credit Card Payment

Card Number: _____

CVV2 Number:_____(4-digit # on front of AmEx or 3-digit # on back of other cards)

Name on Card:_____Exp Date**:** _____

Billing Address**:** _____