

**Texas Ophthalmological Association  
Application for Membership**

Full Name					
Membership Sought (Circle One):					
<b>Provisional</b>	<b>Regular (reinstatement)</b>	<b>Resident</b>	<b>Out of State</b>	<b>Military</b>	
Office Address					
Office Phone		Office Fax		E-mail	
Full Name of Spouse			Website		
Home Address					
Home Phone		Place of Birth		Date of Birth	
Medical Education (School & Date)					
Internship (Hospital & Dates)					
Residencies (Hospital & Dates)					
<i>(Please send a copy of residency certificate(s) or letter from institution verifying training.)</i>					
Special work in Ophthalmology (Fellowships, etc.)					
Subspecialty(s)			AAO Member Number (important)		
American Board of Ophthalmology certification date			TX Medical License Number		
Locations of Practice in Ophthalmology					
<i>I certify that the above information is true. I hereby apply for membership in the Texas Ophthalmological Association, and, if elected, agree to abide by its Constitution &amp; Bylaws.</i>					
Signature			Date of Application		
Please mail to: Texas Ophthalmological Association, 401 West 15th Street, #825, Austin, TX 78701 Do not send money, you will be billed upon approval.					
<b>Office Use Only</b>					
Action:		<b>Approved</b>	<b>Disapproved</b>	<b>Deferred</b>	Date:

## TOA Member Benefits



### For the Individual

- Coding updates
- Coding answers
- CME programs
- OMIC & TMLT Discounts
- Personal reference
- "Find an EyeMD" search on Website

### For the Profession

- Legislative/Regulatory lobbying
- Health plan advocacy
- Public awareness
- Representation in TMA and AAO

## TOA Member Dues



- Regular \$550
- Provisional \$300
  - First year of membership
- Senior Associate \$25
  - Less than half-time practice with no surgery
- Out of State \$75
- Other \$0
  - Active Military, Resident, Honorary, Emeritus