



Texas Ophthalmological Association

Application for Military Membership

Military members shall be physicians serving the Armed Forces of the United States of America in the State of Texas, who practice ophthalmology. Texas licensure shall not be required. They shall be eligible to attend scientific meetings and receive mailings. They shall not be able to vote or hold office in the Association. Dues are complimentary

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

By signing below, you certify that:

1. The above information is true.
2. You are a physician serving the Armed Forces of the United States of America in Texas practicing ophthalmology.

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

Signature	Date of Application
<p>Please send application to: Texas Ophthalmological Association, 401 West 15th Street, #825, Austin, TX 78701 (512) 370-1504 Fax: (512) 370-1637 toa@texaseyes.org www.TexasEyes.org</p>	

Application can be completed online at www.TexasEyes.org