



Texas Ophthalmological Association

Application for Out-of-State Membership

Out-of-State members shall be physicians practicing ophthalmology in another state or foreign country. Texas licensure shall not be required. They shall be eligible to attend scientific meetings and receive regular mailings. They shall not be able to vote or hold office in the Association. Annual dues are \$75.

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 duly licensed physician practicing ophthalmology in another state or foreign country.
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 & \$75 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: _____