



Texas Ophthalmological Association

Application for Resident/Fellow Membership

Provisional members are physicians who are enrolled in an approved ophthalmology residency/fellow training program in the State of Texas. They shall be eligible attend meetings, and receive regular mailings. They shall not be eligible to vote or hold office in the Association. Dues are complimentary for Resident/Fellow members.

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)
<p>By signing below, you certify that:</p> <ol style="list-style-type: none"> 1. The above information is true. 2. You are enrolled in an approved ophthalmology residency/fellowship training program in the State of Texas. <p style="text-align: center;">You must attach proof of residency/fellowship with this application.</p>	

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: TOA, 401 West 15th Street, #825, Austin, TX 78701 (512) 370-1504 Fax: (512) 370-1637 toa@texaseyes.org www.TexasEyes.org</p>	