



Membership Application

Date _____

Name _____ Date of birth ____/____/____
Last First M.I.

Home address _____
Street City State Zip code

Business address _____
(or school) Street City State Zip code

Phone number _____
Work Home Pager
Cellular Fax E-mail

(Please Circle)

Gender: Female Male Marital status: Single Married Other

Send all mail to: Business Home It is best to contact me by: E-mail Fax Pager Work

Maiden name _____ Spouse's Name _____

Education: Undergraduate College _____ Year of graduation _____
Optometry School _____ Year of graduation _____
Residency _____ Date _____

Hawaii State License # _____ License date _____ TPA certified? Yes No

Have you been licensed in any other State: Yes No
If so, please list State, license # and date _____

Current or past military service: Branch of service _____ From _____ to _____
AFOS membership: Yes No Currently stationed in Hawaii? Yes No

Applying for: (Please check)

General membership (AOA # _____)
(O.D. practicing in Hawaii)
New graduate Seeking HOA reinstatement Transferring from another state O.D. in the Armed Forces
Student membership (AOA # _____) Year in school: 1st 2nd 3rd 4th

Send application to: Hawaii Optometric Association
98-820 Moanalua Rd., #15-1/179
Aiea, Hawaii 96701
Attention: Charlotte Nekota

Hawaii Optometric Association phone number: (808) 537-5678 Fax number: (808) 537-1509

HOA use only: _____ AOA notified/approved _____ Board approval and date _____ Mailing list/ledger _____ Sent to Tres.