



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)

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

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.