



Michigan Optometric Association 2009 Application for Membership

Full Name:		
Date of Birth:	Male:	Female:
Practice Name:		
Practice Address:		
City:	State:	Zip Code:
Telephone Number:		Fax Number:
Email Address:		
Home Address:		
City:	State:	Zip Code:
Telephone Number:		
Mail Preference: <input type="checkbox"/> Home <input type="checkbox"/> Business		
Spouse's Name:		Maiden Name:
Received O.D. Degree From:		Year:
Date of Original License:		MI License Number:
Previous MOA member? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, when?		
In what states have you practiced?		
Name membership(s) of other optometric societies:		
Have you served in the Armed Forces of the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Armed Forces Branch:		
Separation Date:		Length of Service:
Mode of Practice: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Employed		
Employee of: <input type="checkbox"/> Professional Corp. <input type="checkbox"/> PLLC <input type="checkbox"/> Business Corp.		
<input type="checkbox"/> V.A. <input type="checkbox"/> HMO <input type="checkbox"/> Hospital <input type="checkbox"/> Clinic <input type="checkbox"/> Ophthalmologist		

2009 Dues Schedule

Do you want to support the Michigan Foundation for Vision Awareness (MFVA) with a membership: O.D. Individual Yes No
 Spouse Yes No

*If yes, please add \$20.00 to the total amount of dues listed in the 2009 Dues Schedule.

OD Year of Practice	% of Dues	MOA	AOA	PR	Total
1st	10	\$77.70	\$73.60		\$151.30
2nd	20	\$155.40	\$147.20		\$302.60
3rd	50	\$388.50	\$368.00		\$756.50
4th	75	\$582.75	\$552.00		\$1,134.75
5th	100	\$777.00	\$736.00	\$125.00	\$1,638.00

- Association dues are pro-rated for persons in practice less than five years.
- Dues are payable in full for all members on or before October 31st of the membership year or on a ten month installment schedule.
- New payment options!
 - Electronic statements emailed directly to your office
 - Check and Credit Card payment options
 - Quarterly
 - 10 month payment plan

**Regardless of the payment plan you chose, to remain in good standing you must, at a minimum, remit membership dues quarterly.*

Dues to the Michigan and American Optometric Associations are not deductible as charitable contributions for federal income tax purposes; however, they may be deductible as ordinary and necessary business expenses subject to restrictions imposed as a result of association lobbying activities. The Michigan Optometric Association estimates the non-deductible portion of the state dues at 10% and the American Optometric Association estimates the non-deductible portion of the national dues at 6.4% for 2009.

The dues for the Michigan Foundation for Vision Awareness (MFVA) are deductible as a charitable contribution.

Member Application Instructions

Complete the application form and submit with an application fee of \$150.00, which will be applied to the amount of your dues.

Please make checks payable to: Michigan Optometric Association

Mail to: Michigan Optometric Association ♦ 530 W. Ionia, Suite A ♦ Lansing, MI 48933

Payment Information

Check enclosed Credit Card (Visa/Mastercard only)

Cardholders Name:	
Card Number: - - -	Exp. Date: ___/___
Signature:	

___ Yes, please divide dues into 10 equal payments and charge my credit card on the 25th of each month.

QUESTIONS? Please call the MOA offices: 517.482.0616 or email: carrie@themoa.org