

# Delaware Optometric Association American Optometric Association

## Membership Application:

- New Member  
 Reinstated Member  
 Transferred Member from State of \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Middle Initial:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

Male                       Female                      Date of Birth: \_\_\_\_\_

Home Address:

Business Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Preferred Mailing Address:  Home       Business

Telephone:

Home: \_\_\_\_\_

Business: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Optometry School Attended: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Year Original Optometric License Obtained: \_\_\_\_\_

Please list all states that you hold or have held and optometric license.

\_\_\_\_\_

Indicate Areas of Interest:

Contact Lens       Low Vision       Sports Vision       Other \_\_\_\_\_

Please Complete and Return to: [Delaware Optometric Association](#)  
[Phillip Gross, OD c/o Vision Quest](#)  
[820 Walker Road](#)  
[Dover, DE 19904](#)