



# Optometric Physicians of Washington

14450 NE 29<sup>th</sup> Pl #115  
Bellevue, WA 98007  
Voice: (425) 455-0874  
Fax: (425) 646-9646  
www.eyes.org

**JOIN ONLINE NOW:**

**<http://www.aoa.org/join>**

## MEMBERSHIP APPLICATION

I, the undersigned, respectfully petition for membership in the Optometric Physicians of Washington (OPW). I am legally licensed to practice optometry in Washington State. I agree to abide by the OPW Bylaws, including Appendices A, B, C, D and E; and hereby pledge myself to observe them.

Contact the OPW state office for a current copy.

Signed \_\_\_\_\_, O.D. Date \_\_\_\_/\_\_\_\_/\_\_\_\_

I am applying for (for questions, please call our office):

- Active Membership  Post Graduate Membership/Resident  
 Active Member in Partial Practice (less than 24 hrs a week)  Associate Membership

Avg hours per week \_\_\_\_\_

Society Affiliation \_\_\_\_\_ (Active Status application only, see back)

Name \_\_\_\_\_  
(print or type) (First) (Middle) (Last)

Optometry License # \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  M  F  Prefer not to answer

Clinic Name \_\_\_\_\_ Office Phone \_\_\_\_\_

Office Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Number \_\_\_\_\_ Office Fax \_\_\_\_\_ Office E-mail \_\_\_\_\_

Date of Graduation \_\_\_\_/\_\_\_\_/\_\_\_\_ School/College of Optometry \_\_\_\_\_

Date of First License \_\_\_\_/\_\_\_\_/\_\_\_\_ State \_\_\_\_\_ Date of WA License \_\_\_\_/\_\_\_\_/\_\_\_\_

Residency?  Yes  No Where: \_\_\_\_\_ Year Completed \_\_\_\_\_

Previous OPW Member?  Yes  No Classification \_\_\_\_\_  
Date Terminated \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you, or have you been, an AOA Member?  Yes  No  
If Yes, AOA ID # \_\_\_\_\_ Year Joined \_\_\_\_\_ State Aff \_\_\_\_\_

**Applications must be accompanied by a payment in the appropriate amount (see Dues Schedule, reverse). Upon receipt of completed application and the appropriate amount due, the applicant is eligible for full membership benefits in OPW/AOA.**

**(Office Use Only) 1/17**

Report \_\_\_\_\_ Amount \$ \_\_\_\_\_ Received \_\_\_\_/\_\_\_\_/\_\_\_\_  
Check #/Credit Card \_\_\_\_\_  
Check #/Credit Card \_\_\_\_\_ Joined Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Report \_\_\_\_\_



**OPW ACTIVE MEMBERSHIP DUES SCHEDULE 2017**

<b>Active Membership</b>	AOA Dues		OPW Dues		Society Dues*		TOTAL		ENCLOSED
	AOA and State Dues	\$926.00	+	\$822.00	+	_____	=	_____	** _____
	WOPAC Contribution								
	Voluntary contribution to support advocacy of OD Specific Legislation				Suggested		=	\$420.00	_____
									<input type="text"/>
								Total Enclosed	<input type="text"/>

**\*Society Membership Required,  
please check box**

<input type="checkbox"/>	IN	Inland	\$180.00
<input type="checkbox"/>	KC	King County	\$180.00
<input type="checkbox"/>	KI	Kitsap	\$0.00
<input type="checkbox"/>	MB	Mount Baker	\$60.00
<input type="checkbox"/>	NC	North Central	\$0.00
<input type="checkbox"/>	OL	Olympic	\$0.00
<input type="checkbox"/>	PE	Peninsula	\$0.00
<input type="checkbox"/>	PC	Pierce County	\$60.00
<input type="checkbox"/>	SN	Snohomish	\$120.00
<input type="checkbox"/>	SW	Southwest	\$180.00
<input type="checkbox"/>	TC	Tri-Cities	\$120.00
<input type="checkbox"/>	WW	Walla Walla	\$0.00
<input type="checkbox"/>	YV	Yakima Valley	\$264.00

**\*\*ACTIVE MEMBER DISCOUNTS:** Discounts available for partial practice or recently licensed doctors. If you qualify, multiply total by corresponding decimal for dues. Year of first license refers to any OD license, not Washington State specific. Check box that applies

Year of first License:			
<input type="checkbox"/>	2013	=	0.75
<input type="checkbox"/>	2014	=	0.5
<input type="checkbox"/>	2015	=	0.2
<input type="checkbox"/>	2016	=	0.1
Partial Practice			
<input type="checkbox"/>	17-24 hrs wk	=	CALL OFFICE
<input type="checkbox"/>	< 17 hrs wk	=	0.6

For help with which society you live or practice in, please call the state office at (425) 455-0874

**Active Members may request quarterly, semi-annual or annual statements.** The appropriate amount of dues needed to complete an application is a minimum of one quarter (3 months) of the annual amount of dues for the membership classification unless the OPW/AOA Bylaws require an annual dues payment and back dues.

**Membership is continuous. Dues accrue until a member who wishes to terminate their membership notifies OPW in writing. Membership will be terminated by OPW for non-payment of dues in accordance with the OPW Bylaws.**

Members will be allowed to change classification only once per year. Changes in membership classifications must be received in writing prior to April 30<sup>th</sup> each year. Applications for change in membership classifications after April 30<sup>th</sup> will be effective January 1<sup>st</sup> of the following year. No changes in classification will be accepted for prior periods or prior years.

Discounted Dues available for Retired Membership, Student and Post Graduate Memberships, and Associate Membership. Call the State office for more information on these classifications.

*If you are an AOA member coming to Washington from another state,  
a portion of your AOA dues obligation may have been paid for the current year. Contact the American  
Optometric Association (800) 365-2219.*