

CTOS Membership Application

Name: _____ Date: _____

Email Address: _____ AOA/TOA #: _____

Practice Address:

Best Contact Address:

College of Optometry: _____ Year of Graduation: _____

Mode of Practice (check all that apply):

Private ___ Corporate Lease ___ Employee ___ Military ___
Research ___ Group Ophthalmology ___ Group Optometry ___ Hospital ___
Other ___ Describe _____

Registration Fees:

CTOS Members and Guest optometrists (\$200) ___ (check here)

Class of 2013 new graduates (\$100) ___ (check here)

* Please make checks out to "CTOS"

*TOA members will receive \$100 refund if CTOS/TOA/AOA dues paid prior to March 31st, 2013.

Are you interested in volunteering to help CTOS? Yes ___ No ___ Maybe ___

In what way are you interested in helping?

What projects should the CTOS embark upon this year?

Please mail check with membership form to:

CTOS
P.O. Box 302347
Austin, TX 78703