

# Northeast Texas Optometric Society

Membership  Application OR  Renewal

Name: \_\_\_\_\_

Last

First

M.I.

Designation (OD, FAAO, FCOVD, etc)

Email: \_\_\_\_\_

TX License #: \_\_\_\_\_ Date Licensed: \_\_\_\_\_ Other States Licensed: \_\_\_\_\_

**Primary Work Location  Preferred Mailing Address**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

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

**Home Address  Preferred Mailing Address**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_

I Hereby apply for membership to the **Northeast Texas Optometric Society**. If elected, I will abide by its bylaws, code of ethics as outlined by the American Optometric Association, and agree to pay all dues and assessments promptly.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit completed form along with a check for \$100 (made payable to NETOS), which will cover your membership for the calendar year, to:

**Northeast Texas Optometric Society**

**PO Box 250044**

**Plano, TX 75025**