



NEVADA OPTOMETRIC ASSOCIATION

P.O. Box 3022
Reno, NV 89505
702-220-7444 - Phone
702-974-4446 - FAX

gail@nvoptometric.com www.nevadavision.org

2015 MEMBERSHIP APPLICATION

TODAY'S DATE: NEW MEMBER REINSTATING MEMBER

*PLEASE INDICATE PRIMARY ADDRESS TO BE USED FOR ALL MAILINGS: HOME OFFICE

FULL NAME: NICKNAME:

*OFFICE ADDRESS: SUITE:

CITY: STATE: ZIP:

OFFICE PHONE: OFFICE FAX:

CELL PHONE: PRACTICE NAME:

PRIMARY E-MAIL: WEBSITE:

*HOME ADDRESS: UNIT #:

CITY: STATE: ZIP:

HOME PHONE:

MARRIED (CIRCLE ONE): YES NO MAIDEN NAME (IF APPLICABLE):

MALE: FEMALE: DATE OF BIRTH: GLAUCOMA CERTIFIED NO YES

IF REINSTATING, AOA MEMBER #: NV STATE LICENSE #:

OPTOMETRY COLLEGE ATTENDED: YEAR OF GRADUATION:

YEAR VERY FIRST LICENSE OBTAINED: HOBBIES:

IF LICENSED IN OTHER STATES PLEASE INDICATE: STATE: LICENSE #:

Yearly dues in paid in full (includes full NOA, AOA and Society Dues):

Graduation Year: FREE 1st Full Year Following Graduation: 10% = \$200.40 2nd Year: 20% = \$365.80
3rd Year: 50% = \$862 4th Year: 75% = \$1,275.50 5th + Year: 100% = \$1,689

Check made out to the NOA enclosed for \$

I PREFER TO PAY WITH A CREDIT CARD ANNUALLY QUARTERLY* MONTHLY*

*Please fill out the attached credit card authorization form and include with this application.

Membership fees are pro-rated based on the month you reinstate or join as a new member.

I, DO HEREBY MAKE APPLICATION FOR MEMBERSHIP IN THE NEVADA OPTOMETRIC ASSOCIATION AND CERTIFY THE INFORMATION GIVEN IS ACCURATE AND CORRECT.

SIGNATURE

DATE

Nevada Optometric Association

2015 Membership Dues Payment Options and Instructions

Monthly Dues - \$141 (only available with recurring credit card processing)

Quarterly Dues - \$423 (only available with recurring credit card processing)

Annual Dues - \$1,689 – pay in full by March 1, 2015 with check or credit card and pay only \$1,624 – a savings of \$65!

Automatic Credit Card Billing Authorization Form

If you would like to enjoy the convenience of automatic billing, simply complete the Credit Card Information section below and sign the form.

To submit: Fax to (702) 974-4446, email to gail@nvoptometric.com or call to manually process credit card (702) 220-7444

Doctor Name: _____ Phone: _____

Email: _____

Payment Information - I authorize Nevada Optometric Association to automatically bill the card listed below as specified:

Amount: \$ _____ Frequency: Monthly Quarterly Annually

Nevada Optometric Association accepts the following credit cards: Visa, Master Card, American Express

Credit card type: Visa MC Amex Credit card number: _____ Expires: ____/____

Cardholder's name as shown on card: _____ Security Code on back of card: _____

Billing address for card:
Street: _____ City: _____
Zip Code: _____ State: _____

Customer's signature: _____ Date: _____

All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting the NOA in writing. Your dues payment includes NOA, AOA, and local Society dues. When we receive your dues payment, we forward the AOA's dues portion of \$892 directly to the AOA to retain your active member status with the AOA.

2015 Nevada Optometric Association, AOA and Society Membership Payment Options

	<u>Paid in Full</u> <u>Annual Dues</u>	<u>Credit Card</u> <u>Payment</u> <u>Options</u> <u>Monthly*</u>	<u>Credit Card</u> <u>Payment</u> <u>Options</u> <u>Quarterly*</u>
Join in the Same Year of Graduation:	0	0	0
1 st Full Year Following Graduation: 10%	\$ 200.40	\$ 17.00	\$ 51.00
2 nd Year Following Graduation: 20%	\$ 365.80	\$ 31.00	\$ 93.00
3 rd Year Following Graduation: 50%	\$ 862.00	\$ 7200	\$ 216.00
4 th Year Following Graduation: 75%	\$ 1,275.50	\$ 107.00	\$ 321.00
5 th Year+ Following Graduation: 100%	\$ 1,689.00**	\$ 141.00	\$ 423.00

**save \$65 if pay in full annual dues by
March 1, 2015

\$1, 624.00

NOA membership fees includes full AOA membership and society dues

* Submit credit card authorization form to begin

New and Reinstating Members Joining in: January February – December
Pro-Rated by Month Joined

	Pay Full Annual Rates Noted Above	Contact NOA for Specific Rates as Rates are Pro-Rated by the Month you Join
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***Pay in full by March 1, 2015 with check or credit card and pay only \$1,624 – a savings of \$65!**

Tax – Deductibility Note: The following statement is important tax information provided by the NOA & AOA and this letter should be retained for your records. Please check with your own accountant on tax deductions. Contributions or gifts to the NOA/AOA are not tax deductible as charitable contributions for income tax purposes. However, they may be tax deductible as ordinary and necessary business expenses subject to restrictions imposed as a result of association lobbying activities. The AOA estimates that the non-deductible portion of your AOA 2015 dues - the portion that is allocable to lobbying - is 9.5% of \$892 paid to the AOA. The NOA estimates that the non-deductible portion of your NOA 2015 dues – the portion that is allocable to lobbying – is 14.6% of \$762 paid to the NOA. The total amount of non-deductible dues payment for AOA and NOA is \$195.99