



# NEVADA OPTOMETRIC ASSOCIATION

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## STUDENT MEMBERSHIP APPLICATION

DATE: \_\_\_\_\_

**\*PLEASE INDICATE PRIMARY ADDRESS TO BE USED FOR MAILINGS:**  HOME  SCHOOL

FULL NAME: \_\_\_\_\_ NICKNAME: \_\_\_\_\_

**\*SCHOOL ADDRESS:** \_\_\_\_\_ UNIT: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CELL PHONE: (\_\_\_\_) \_\_\_\_\_

PRIMARY E-MAIL: \_\_\_\_\_

**\*HOME ADDRESS:** \_\_\_\_\_ UNIT #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_

MARRIED (CIRCLE ONE): YES NO

MALE: \_\_\_\_\_ FEMALE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

OPTOMETRY COLLEGE: \_\_\_\_\_ YEAR OF GRADUATION: \_\_\_\_\_

### **Students pay no dues to join the NOA!**

Student Member Benefits:

Attend our CE events for FREE – RSVP Required

Receive NOA E-Newsletters

Assistance with Networking and Career