

Tarrant County Optometric Society
Membership Application / Renewal

New Member

Current / Previous Member

Name: _____
Last First M.I. Designation (OD, FAAO, etc.)

PRIMARY WORK LOCATION Preferred Mailing Address

Street Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____ Fax: _____ Email: _____

HOME ADDRESS Preferred Mailing Address

Street Address: _____
City: _____ State: _____ Zip Code: _____

PROFESSIONAL DATA

TX License #: _____ Date Licensed: _____
Other State License(s): _____ License #(s): _____

I hereby apply for membership to the Tarrant County 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 application along with a check for \$100 (made payable to Tarrant County Optometric Society or TCOS), which will cover your first year of membership, to:

Tarrant County Optometric Society
PO Box 25035 Ft Worth, TX 76124