

**American Academy of Optometry  
Student Membership Application Form**



Student membership may be granted to students who are in good academic standing at an accredited school or college of optometry, to full-time students in vision sciences and related sciences and to residents in accredited optometric residency programs.

**A. Type of Student Membership**

New    Renewal

**B. Personal Information**

Name \_\_\_\_\_

Present Address \_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Permanent Address (if different from above) \_\_\_\_\_  
\_\_\_\_\_

Date of Birth \_\_\_\_\_

Male    Female

**C. Student Enrollment Verification**

Please check current status:

- Optometry Student
- Resident
- Graduate Student
- Other, please describe \_\_\_\_\_

I certify that this applicant is in good academic standing at an accredited school or college of optometry or is a full time student in the vision sciences or related sciences or is a resident in an accredited optometric residency program.

Signature of Dean, Faculty Advisor, or Other Supervisor: \_\_\_\_\_

Date \_\_\_\_\_

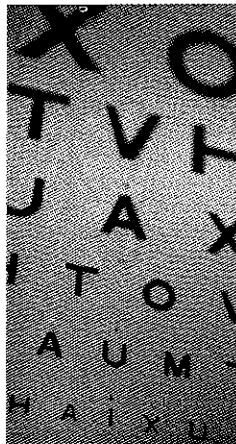
**D. Education Information**

Please list all professional and/or graduate institutions attended, degrees received (with year). **Please include your current school and anticipated year of graduation.**

School or College	Degree	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

If applicable, please list a residency program and anticipated year of completion.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



*"The Annual Meeting allows clinicians the opportunity to discuss the latest in optometric care with the giants of the profession."*

*—Dennis Miller,  
OD, FAAO*