

Wisconsin Optometric Association Student Membership Application

Name: _____ Date of Birth: _____

Optometry School Attending: _____

Graduation Class (Year and Month): _____

Mailing Address: _____
Street City State Zip

Current Phone Number: _____

Hometown Address: _____
Street City State Zip

Home Phone Number: _____

School Email Address: _____

Personal Email Address: _____

Students will receive all information from the WOA via email communications.

In what area of Wisconsin would you like to practice? _____

Wisconsin Optometric Association student membership is open only to students attending schools of optometry. The By-Laws of the WOA Article 1, Section 1-F, state:

“Student Member – A student in good standing at a school or college of optometry accredited by the Council on Optometric Education may apply for Student Membership in this Association. Student members do not have the right to vote or hold office in this Association, nor shall they be required to pay dues or assessments. A Student Membership automatically expires when the student graduates or ceases to be in good standing as required at the time of application for membership.”

Student membership entitles the student member to receive the monthly WOA newsletter and other mailings of interest and eligibility for other student programs.

You will be issued a student membership card as soon as this application has been approved by the WOA Board of Directors.

Return this application to the Wisconsin Optometric Association via fax at 608-824-2205, by mail at Wisconsin Optometric Association - 6510 Grand Teton Plaza, Suite 312, Madison, WI 53719, or by email to joleen@woa-eyes.org.