



Dallas 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): _____

COMMITTEE INVOLVEMENT

I am interested in joining the following committee(s):
 Communications Continuing Education Membership Social

I hereby apply for membership to the Dallas 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 form along with a check for \$100 (made payable to Dallas County Optometric Society or DCOS), which will cover your membership for the calendar year, to:

Dallas County Optometric Society
P.O. Box 600349
Dallas, TX 75360-0349