TAOP Membership Benefits

- TAOP Member Mailings and E-mails regarding upcoming events, legislative alerts and information needed for your practice.

- Yearly Third Party Update Programs

- Membership in your Local Society meetings for briefings and information.

- Access to the restricted member portion of the TAOP website, with the latest optometric news and third party support in Tennessee.

- Discounted registration fees for TAOP sponsored Continuing Medical Education Programs.

- Discounted fees for office credit card transactions

- Practice name listed in “Find A Doctor” Section of the TAOP website

- Patient referrals from the TAOP office

- Representation of Optometry at the State and National level on legislative matters that impact your ability to practice to the fullest extent of your education and training

- Representation of Optometry on the State and National levels to prevent discriminatory practices that limit your ability to have access to potential patients.

- Southern Council of Optometrist membership including website access, e-mails, publications, discounted programs etc.

- AOA membership including website access, e-mail, daily newsletters, publications, discounted fees on materials and continuing education program etc.
Tennessee Association of Optometric Physicians
2015 Dues Schedule

Below is a listing of the 2015 dues breakdown. Individual statements will be mailed to you soon, however if you would like to pre-pay your 2015 dues refer to the year you were originally granted your optometric license for dues amounts. TAOP accepts MC, VISA, A/E and Discover credit cards or you can pay by check. Mail to TAOP, 2727 Bransford Ave., Nashville, TN 37204, or you can e-mail (taop@taoponline.org) or FAX (615-269-5986) your c.c. number with expiration date and the amount you would like to pay.

### 2015 DUES SCHEDULE

<table>
<thead>
<tr>
<th>Dues Category</th>
<th>Year Licensed</th>
<th>TAOP Dues</th>
<th>AOA Dues</th>
<th>TOTAL Dues</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1</td>
<td>2015</td>
<td>Free</td>
<td>Free</td>
<td>Free</td>
</tr>
<tr>
<td>A2</td>
<td>2014 (10%)</td>
<td>88.10</td>
<td>89.20</td>
<td>177.30</td>
</tr>
<tr>
<td>A3</td>
<td>2013 (20%)</td>
<td>176.20</td>
<td>178.40</td>
<td>354.60</td>
</tr>
<tr>
<td>A4</td>
<td>2012 (50%)</td>
<td>440.50</td>
<td>446.00</td>
<td>886.50</td>
</tr>
<tr>
<td>A5</td>
<td>2011 (75%)</td>
<td>660.75</td>
<td>669.00</td>
<td>1,329.75</td>
</tr>
<tr>
<td>A6</td>
<td>2010 or before (100%)</td>
<td>881.00</td>
<td>892.00</td>
<td>1,773.00</td>
</tr>
</tbody>
</table>

**Faculty Dues:** (Letters are sent to TAOP verifying specific Faculty Status to qualify for this category)

<table>
<thead>
<tr>
<th>Faculty</th>
<th>TAOP Dues</th>
<th>AOA Dues</th>
<th>TOTAL Dues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty</td>
<td>446.00</td>
<td>446.00</td>
<td>892.00</td>
</tr>
</tbody>
</table>

**Decending Dues:**

** AOA has eliminated this category, if member does not qualify for PP, life or retired classification they owe full dues of $ 864.00

<table>
<thead>
<tr>
<th>Dues</th>
<th>Year</th>
<th>Percentage</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>D1</td>
<td>75%</td>
<td>(born in: 1940)</td>
<td>660.75</td>
</tr>
<tr>
<td>D2</td>
<td>50%</td>
<td>(born in 1939)</td>
<td>440.50</td>
</tr>
<tr>
<td>D3</td>
<td>25%</td>
<td>(born in or before 1938)</td>
<td>220.25</td>
</tr>
</tbody>
</table>

**Partial Practice Membership** (Letter must be sent to TAOP verify hours worked per week)

** AOA does not have a PP graduated schedule any more. All PP members working 16 hours or less a week will pay 60% of dues totally $ 535.20.

**TAOP Partial Practice Dues**:

| PP | (1) Day 20% | 176.20 | 535.20 | 711.40 |
| PP | (1-2) Days 40% | 352.40 | 535.20 | 887.60 |
| PP | (2-3) Days 60% | 528.60 | 535.20 | 1,063.80 |
Please Print Application

PERSONAL INFORMATION

Name: _______________________________________________________________________________________________________
(First)   (Middle) (Last)                                                    (Suffix)

____________________________________________       ____________________________________________________________
Designations (O.D., Ph.D., etc.) Maiden Name (if applicable)

Check appropriate reason for application:

□ New Member     *** I was referred to membership by: (TAOP Member Name) __________________________________________
□ Reinstatement Membership    ☐ Transfer from other state (list state)___________________________________________

Check appropriate membership type: (Contact TAOP if you are applying for membership status not listed below)

☐ TAOP & AOA Member (Practicing full-time working more than 3 days per week)
☐ Faculty (Working full time at a College of Optometry-additional paper work will be mailed for completion)
☐ Partial Practice (Per week): ☐ Working one day or less ☐ Working 1-2 days ☐ Working 2-3 days
☐ Military ☐ Affiliated through AFOS not on active duty ☐ Affiliated through AFOS on active duty
☐ Resident (List year(s) enrolled in Residency Program)________________________________________________________
☐ Out of State (primary practice is located outside of Tennessee)
☐ Other ___________________________________________________________________________________________________

CONTACT INFORMATION:

HOME ADDRESS

Home Address: ___________________________________________________________City, Sate, Zip____________________________
Phone #: ________________________________________ E-Mail_______________________________________________________________

PRIMARY WORK LOCATION

Street Address: ___________________________________________________________City, State, Zip____________________________
Phone #: (       )___________________________________: Fax #: (        )__________________________

Preferred Mailing Address: ☐ Home Address ☐ Work Address ☐ Preferred method of contact: ☐ Mail ☐ E-mail ☐ Both

DOB: ________ Gender: ☐ Male ☐ Female Ethnicity: ☐ Caucasian ☐ African American ☐ Asian ☐ Hispanic ☐ Native American ☐ Other

Optometry School Attended_______________________________ Year of Graduation_____________ Year original license obtained_________
List other states licensed in:______________________________________________________________________________________________

(Refer to listing below to answer these questions) Select Primary Practice Setting: __________     Select Secondary Practice Setting: __________

Self Employed:
A. 1 doctor-not affiliated with regional/national company
B. 2-4 doctors – not affiliated with regional/national company
C. 5+ doctors – not affiliated with regional/national company
D. Franchisee – 1 OD affiliated with regional/national company
E. Franchisee – Multiple ODS affiliated with regional/national company
F. Lessee – affiliated with regional/national company
U. Independent Contractor
G. Other Self-Employed

Employed By:
H. Optometrist(s) not affiliated with regional/national company
V. Optometrists(s) affiliated with regional/national company
I. Ophthalmologist(s)
J. HMO
K. Hospital/Clinic/Other Multidisciplinary
L. Regional/National Company
M. Armed Forces/VA/USPHS/IHS
N. Educational Institution
O. Local/State/Federal Government
P. Optical/Ophthalmic Manufacturer or Wholesaler
W. Non-Optometry-Owned Independent Franchise/Optical

RETURN: TAOP * 2727 Bransford Ave. * Nashville, TN 37204 *** E-Mail: Bridget@usit.net *** FAX: 615-269-5986
(Questions) 1-800-451-2438     Gary L. Odom (Executive Director)     Bridget McGill (Associate Director)
2015
STUDENT APPLICATION
FOR
TENNESSEE ASSOCIATION OF OPTOMETRIC PHYSICIANS

Please Print

PERSONAL INFORMATION:

Name: _______________________________________________________________________________________
(First) (Middle)   (Last)                                  (Suffix)
□ Male   □ Female  Date of Birth: ______________ Marital Status:  □ Single    □ Married
Name of Spouse (if applicable): _____________________________________________________________
(Professional title if any)

CONTACT INFORMATION:

HOME ADDRESS
Home Address: ________________________________________________________________________________
City: State: Zip Code: ___________________________________________________________________________
Phone #: _____________________________________________________________________________________
E-mail: _______________________________________________________________________________________

PREFERRED MAILING ADDRESS:  □ Same as above
Street Address: ________________________________________________________________________________
City: State: Zip Code: ___________________________________________________________________________
Phone #: (       ) ___________________________________   Fax #: (        ) _______________________________

Please Send TAOP Mail To:  □ Home Address       □ Work Address
May we contact you by E-mail:  □ Yes    □ No  *Preferred method of contact:  □ Mail □ E-mail □ Both

PROFESSIONAL & DEMOGRAPHIC INFORMATION:

City and State where Graduated High School ______________________________________________________
Name of College Attended for Undergraduate Degree_______________________________________________
Name of Optometry School Attending_______________________________________________________________
Year I Will Graduate:   ________________       Are you planning on doing a residency?  □ Yes    □ No

MODE OF PRACTICE:   I WISH TO WORK IN .....
1st Choice_____________________________________ 2nd Choice_______________________________________

APPLICANT SIGNATURE

Signature: Student Doctor ___________________________________________________ Date: _______________

RETURN: TAOP, 2727 Bransford Ave., Nashville, TN 37204 E-Mail: bridget@usit.net
FAX: 615-269-5986 * (Questions) 1-800-451-2438
Gary L. Odom (Executive Director)     Bridget Ann McGill (Associate Director)