

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

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

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

Faculty		446.00	446.00	892.00
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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**

D1	75% (born in: 1940)	660.75		
D2	50% (born in 1939)	440.50		
D3	25% (born in or before 1938)	220.25		

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:

PP1 = 20% of dues: Working only 1 day per week – TAOP Use Only

PP2 = 40% of dues: Working 1-2 days per week – TAOP Use Only

PP3 = 60% of dues: Working 2-3 days per week – **Everyone that belongs to AOA**

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



2015 MEMBERSHIP APPLICATION
TENNESSEE ASSOCIATION OF OPTOMETRIC PHYSICIANS

In making this application for membership in the TAOP, I hereby accept and pledge myself to uphold the Constitution & By-Laws, and further to assist in carrying out the objective of the Tennessee Association of Optometric Physicians.

Please Print Application

PERSONAL INFORMATION

Signature _____ Date _____

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) _____
□ Reinstate 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, State, 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*)