

**2025 APPLICATION FOR MEMBERSHIP  
TENNESSEE DISPENSING OPTICIANS ASSOCIATION**

**PLEASE PRINT**

PLEASE CHECK ONE:      New application \_\_\_\_\_      Renewal \_\_\_\_\_

**NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_

**LAST**                                      **FIRST**                                      **MI**

HOME ADDRESS \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

PHONE \_\_\_\_\_ (HOME OR CELL) BUSINESS PHONE \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

**Would you like to receive your membership card/certificate and CE letter by email? YES or NO**

TENNESSEE DPO NUMBER \_\_\_\_\_ CERTIFICATION NUMBERS ABO \_\_\_\_\_ NCLE \_\_\_\_\_

TENNESSEE REGISTERED APPRENTICE NUMBER \_\_\_\_\_

<b><u>Licensed Opticians new or returning</u></b>	<b><u>Associate TDOA members new or returning</u></b> <i>Certified Opticians or licensed in another state.</i>	<b><u>Apprentices &amp; Students</u></b> <b><u>New or returning</u></b>
Tennessee Licensed Optician \$125.00 _____	Associate Membership \$125.00 _____	Apprentice Membership \$25.00 _____
After 3/01/25 Tennessee Licensed Optician \$150.00 _____	After 3/01/25 Associate Membership \$150.00 _____	<i>Apprentice and student members may attend hours but not get any proof or credit for them.</i>

**NEW—Please read and mark a response.**  
Check here if you need ABO/NCLE Certificates. (This is for people who are do NOT have a Tennessee license or are licensed in another state.) ABO Only \_\_\_\_\_ NCLE Only \_\_\_\_\_ Both ABO & NCLE \_\_\_\_\_ No certificates \_\_\_\_\_

- **This form must be signed below in order to become a member**
  - **THERE WILL BE A \$25 FEE ON RETURNED CHECKS.**

**CHECK PAYABLE TO:** TDOA  
P.O. BOX 210454  
NASHVILLE, TN 37221

**CHARGE MY: (CIRCLE ONE)**  
VISA    MASTERCARD    DISCOVER    AMEX  
CREDIT CARD # \_\_\_\_\_

Fax this form to 615-646-5780 or mail to  
the address above.

EXP DATE \_\_\_\_\_ CVV \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
Signature of authorization \_\_\_\_\_

**CODE OF ETHICS**

I WILL MAKE MYSELF WORTHY OF THE CONFIDENCE PLACED IN ME BY THE TENNESSEE DISPENSING OPTICIANS ASSOCIATION AND DO EVERYTHING POSSIBLE TO BE WORTHY OF MEMBERSHIP IN THE ASSOCIATION. BY SUPPORTING, PROMOTING, AND IN NO WAY COMPETING WITH THE PROGRAMS AND SERVICES OF THE ASSOCIATION.

**SIGNATURE OF MEMBER** \_\_\_\_\_