Partial Practice RENEWAL FORM

4404 SE King Road, Milwaukie, OR 97222-5282
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execstaff@oregonoptometry.org

To The Executive Director Date: _____

I do hereby submit application for **renewal** of special membership status, and submit the following information.

Name:_____

Home Address: _____

Phone: _____ E-Mail _____

Clinic Name: _____

Work Address: _____

Phone: _____ Fax: _____

Employment:: self-employed ☐ full time ☐ part time ☐

Please provide an explanation why you feel you might qualify for special practice status, and indicate how many hours per week on the average you are working. ***Note, status changes may be made in first quarter of year only.***

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Applicant's Signature: _____

OOPA/AOA dues are not deductible as charitable contributions for Federal Income Tax purposes. However, they may be deductible under other provisions of the Internal Revenue Code as a normal operating business expense of your practice.

_____

Internal Use Only

Applicant Accepted_____ Rejected_____ Date _____