



**TEXAS  
OPHTHALMOLOGICAL  
ASSOCIATION**

401 West 15th St, Suite 825  
Austin, Texas 78701-1665  
(512) 370-1504; Fax (512) 370-1637  
www.TexasEyes.org

# Dues Notice

2010 MEMBERSHIP DUES

Follow us on [Twitter.com/txoph](http://Twitter.com/txoph) and on Facebook!

Thank you for your support of TOA. According to TOA bylaws, members will be dropped if payment is not received by April 15, 2010.

[Redacted], TX 78205

Member Type: **REGL** (Membership descriptions on back)

<b>Required Charges:</b>		
[Redacted]	2010 REGL Dues	550.00
<b>Optional Items:</b>		
[Redacted]	EYE-PAC Contribution	500.00

Return the remittance stub with your payment (by check or credit card) in the envelope provided. Please select your preferred mailing address and make any necessary corrections below. If you have any questions concerning your dues notice or your membership, please call the TOA at (512) 370-1504.

*Membership Dues for the TOA are 70% deductible as a business expense.  
EYE-PAC contributions are not deductible, and must come from a PA, PC, partnership or personal funds.*

for your files  
remittance stub



## 2010 Dues

Member No. [Redacted], MD (REGL)

Email Address: [Redacted]  
*(if the word "omit-" precedes your email, TOA will not publish it.)*

Office:  Preferred Address? (select one)  
[Redacted]

[Redacted], TX 78205

Phone: [Redacted]  
Fax: [Redacted]

Home:  Preferred Address?  
[Redacted]

Phone: [Redacted]

Full Name of Spouse: [Redacted]  
Birthdate: [Redacted]  
Medical License Number: [Redacted]  
Subspecialty: [Redacted] + [Redacted]  
*(Circle to indicate Fellowship training in a subspecialty)*

Changes to personal information on left:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>Membership Dues</b>	<input checked="" type="checkbox"/>	<b>550.00</b>
<b>EYE-PAC (optional)</b>	<input type="checkbox"/>	<b>500.00</b>
Amount Enclosed		_____
Paid by:	<input type="checkbox"/> Check (enclosed) <input type="checkbox"/> Credit Card (see back)	

