



ALABAMA OPTOMETRIC ASSOCIATION
Leadership Optometry Application

Name _____

Home Address _____

Practice Name and Address _____

Office Phone _____ Cell Phone _____

Email _____

Number of years practice or teaching in Alabama _____ Other States _____

EDUCATION

Undergraduate _____ Degree Program _____ Grad Year _____

Optometry School _____ Grad Year _____

PROFESSIONAL ACTIVITIES

List of professional organizations in which you have been active and leadership roles you have held

COMMUNITY ACTIVITIES

List civic, religious, political, social or other activities of importance to you

PROFESSIONAL AWARDS OR RECOGNITION

**SUBMIT THE COMPLETED FORM TO
ALABAMA OPTOMETRIC ASSOCIATION
PO BOX 240907
MONTGOMERY, AL 36124-0907
optometry@alaopt.com**