



## FELLOWSHIP OF CHRISTIAN OPTOMETRISTS

A Ministry of Christian Medical & Dental Associations

### **FCO Section Membership/Donor Remittance**

In order to keep FCO viable, we need your help! Below is information about membership, as well as information about how you can contribute to the missions that we support. Please fill out the form on reverse and mail it along with any contribution(s) to **CMDA – FCO Section, P.O. Box 7500 Bristol, TN 37621**. Contributions may also be made on our website: [cmda.org/fco](http://cmda.org/fco)

#### **FCO/CMDA Membership**

Being in agreement to our Statement of Faith is required for membership..

#### **OUR MISSION**

Christian Medical & Dental Associations motivates, educates and equips Christian healthcare professionals to glorify God by:

- serving with professional excellence as witnesses of Christ's love and compassion to all peoples, and;
- advancing biblical principles of healthcare within the Church and to our culture.

#### **STATEMENT OF FAITH**

While each of us holds fast to additional beliefs important to our relationship with God, the following statement outlines the tenets that provide a foundation for our fellowship and participation in the Christian Medical & Dental Associations/Fellowship of Christian Optometrists.

#### **I believe:**

- In the divine inspiration and final authority of the Bible as the Word of God;
- In the eternal God revealed in Holy Scripture as Father, Son and Holy Spirit;
- In the unique Deity of Jesus Christ, God's only Son, whose death and resurrection provide by grace through faith
- the only means of my salvation;
- In the transforming presence and power of the Holy Spirit.

**REQUIRED/Signature:** \_\_\_\_\_

*Please see other side.*

Please see the membership options below. Please note that membership dues are fully tax deductible as a charitable contribution and will be noted as such on the receipt under "Year to Date Giving." Please check box on the right beside your choice:

Working OD	First year in practice	\$200	
Working OD	After first year in practice	\$395	
Domestic Missionary OD		\$115	
International Missionary OD	Please contact CMDA (888-230-2637) to see if you qualify for this option.	No Charge	
Semi-Retired OD	Working 20 hours or less per week	\$200	
Retired OD		\$95	
Retired Missionary		\$65	
Optometry Student		No Charge	
If student, please list school:			

**Discounts Available:**

- Provide the name of the colleague who referred you to CMDA and get 25% off your first year's dues.
- Sign up for Automatic Dues Renewal and get 10% off your membership!

**Membership**

**Missions:**

**Amount**

I would like to contribute toward Dr. Nancy Herbster's Memorial Scholarship Fund \_\_\_\_\_

I would like to make a contribution to one or more of the following eye care missions:

- The FCO Christian Vision Eye Services clinic in Haiti (**CVESH**) \_\_\_\_\_
- Dr. Valerie Colby's eye care work in Honduras (**His Eyes**) \_\_\_\_\_
- Work with Syrian Refugees in the Middle East (**IDEAS**) \_\_\_\_\_

**Student Chapters:**

- I would like to make a contribution to a specific student chapter ( \_\_\_\_\_ ) for student **mission trips or student chapter expenses.** \_\_\_\_\_
- I would like to make a contribution for general student ministry purposes. \_\_\_\_\_

**Grand Total (including membership dues):** \_\_\_\_\_

**First Name** \_\_\_\_\_ **MI** \_\_\_\_\_ **Last Name** \_\_\_\_\_

**Home Address** \_\_\_\_\_ **Apt.** \_\_\_\_\_

**City** \_\_\_\_\_ **ST** \_\_\_\_\_ **ZIP** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Email (required)** \_\_\_\_\_ **Birthdate** \_\_\_\_\_ **Male/Female)**