

# THE SOUTH CAROLINA ASSOCIATION OF OPTICIANS

## APPLICATION FOR MEMBERSHIP

NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

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

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

EMPLOYER \_\_\_\_\_

POSITION \_\_\_\_\_

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

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

CHECK MEMBERSHIP TYPE YOU'RE APPLYING FOR:

REGULAR MEMBERSHIP (LICENSED OPTICIANS) ANNUAL DUES \$125

APPRENTICE MEMBERSHIP (APPRENTICE OPTICIANS) ANNUAL DUES \$125

I HAVE READ AND ANSWERED ALL OF THE FORGOING QUESTIONS AND, AS PART OF THIS APPLICATION, I DO WARRANT EACH OF THE ANSWERS TO BE TRUE. IF ELECTED TO MEMBERSHIP, I DO HEREBY AGREE TO DO ALL WITHIN MY POWERS TO PROMOTE THE PURPOSE OF THE ASSOCIATION, TO PERFORM SINCERELY THE DUTIES OF A MEMBER, TO INFORM THE ASSOCIATION, PROMPTLY OF ANY CHANGE OF ADDRESS OR OCCUPATION, AND TO PRACTICE FAITHFULLY WITH THE CODE OF ETHICS AND STANDARDS OF THE ASSOCIATION.

DATE \_\_\_\_\_ SIGNED \_\_\_\_\_

SPONSOR \_\_\_\_\_

SOUTH CAROLINA ASSOCIATION OF OPTICIANS

MAIL APPLICATION ALONG WITH DUES TO:

PO BOX 8185

GREENVILLE, SC 29604