



Membership Application

Name in full _____

Nickname _____ Spouse's name _____

Date of birth _____ Place of birth _____

Practice address _____

Home address _____

Office phone _____ Office fax _____

Home phone _____ E-mail address _____

School of Optometry graduated from _____ Year _____

Post-graduate courses, if any _____

Date license issued by SBEO _____ OE Tracker Number _____

Do you hold any other state license? Yes No

If yes, what state(s)? _____

Do you currently or have you held any membership in any optometric association or society? Yes No

If yes, please name them _____

Give three character references (not relatives). At least one reference should be an optometrist practicing in Kansas:

Name	Address
_____	_____
_____	_____
_____	_____

Will you devote your time and effort to assist in Association activities when called upon? Yes No

The above information is true and correct to the best of my knowledge.

Approved by: _____
Signature

Zone President