

# NEW ZEALAND COLLEGE OF OPTOMETRISTS INC

## APPLICATION FOR MEMBERSHIP

Please print clearly in BLOCK CAPITAL LETTERS

### PERSONAL INFORMATION:

Title \_\_\_\_\_ Surname \_\_\_\_\_

First names \_\_\_\_\_

### CONTACT INFORMATION:

Street Address \_\_\_\_\_

Suburb \_\_\_\_\_

City and post code \_\_\_\_\_

P O Box number (if any) \_\_\_\_\_

E-mail address \_\_\_\_\_

Contact phone number \_\_\_\_\_

Contact fax number \_\_\_\_\_

APPLICATION IS FOR:      full membership  
                                 Associate membership  
                                 Student membership (go to proposed and seconded section)

EDUCATION:              list all your optometry qualifications:

NATURE OF PRACTICE:      self employed  
                                 employed  
                                 partner  
                                 education institution  
                                 health institution

PROPOSED BY (a current full financial member of the NZCO):

full name \_\_\_\_\_ signed: \_\_\_\_\_

SECONDED BY (a current full financial member of the NZCO):

full name \_\_\_\_\_ signed: \_\_\_\_\_

I agree and subscribe to the Rules, Code of Ethics and Practice Standards of the College

YOUR SIGNATURE: \_\_\_\_\_ date: \_\_\_\_\_

**(Please enclose a photocopy of your current practicing certificate and \$30 application fee).**