Application for Associate Membership

Associate Members of this Association shall be optometrists licensed in, but not practicing in South Carolina, who are members of their state AOA affiliate or of the Armed Forces of Optometry.

SCOPA
South Carolina Optometric Physicians Association

Full Name: _____
(Last, First, Middle)

Marital Status: ☐ Single ☐ Married **Sex:** ☐ Male ☐ Female

Maiden Name (if applicable):_____ **Spouse** (if applicable):_____

Date of Birth: _____ **AOA Number:**_____

Are you a member of AFOS?: ☐ Yes ☐ No

Home Address:

Street: _____

City:_____ State:_____ Zip Code:_____

County: _____

Phone Number:

Home:_____ Cell: _____

Personal E-mail Address: _____

Name of Practice(s): (If multiple, please list primary address) _____

Street:_____

City:_____ State:_____ Zip Code:_____

County: _____

Phone Number: _____

E-mail Address:_____

Which address would you prefer to receive mail: ☐ Home ☐ Practice

Which address would you prefer to receive e-mail: ☐ Personal ☐ Practice

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Preferred Method of Social Networking: ☐ Facebook ☐ Twitter ☐ Other: _____

Education:

College Attended: _____

Graduation Year: _____

Optometry School Attended: _____

Graduation Year: _____

SC License #: _____ **Received:** _____ /_____
(month/year)

Please list any other states you are licensed in, along with your license number:

_____

_____

SCOPA Interests: (Check all that apply)

- ☐ Legislature
- ☐ 3rd Party Insurance
- ☐ Public Relations / Social Networking
- ☐ Continuing Education
- ☐ Networking
- ☐ Annual Meeting
- ☐ Spring Meeting
- ☐ Social Events
- ☐ SC Special Olympics
- ☐ Community Events

Please provide a brief explanation of why you are interested in joining the SCOPA:

_____

_____

_____

_____

SCOPA Mission Statement

The SC Optometric Physicians Association is an Association of primary care providers dedicated to ensuring visual welfare and ocular heath of the citizens of South Carolina. This is accomplished by advancing the profession of optometry through legislation, education, cooperation and interprofessional relations.

For SCOPA STAFF USE:

Date Rec'd ____/____ Date Approved ____/____

BOD Meeting approved: _____

Visit us on the online at:

- www.sceyedoctors.com
- **Facebook and AOA Connect**: SC Optometric Physicians Association
- **Twitter**: sceyedocs

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