Application for Membership

Please check which applies:

- ☐ Initial Membership
- ☐ Rejoining
- ☐ State Transferred from _____

Full Name: _____
(Last, First, Middle)

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

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

Date of Birth: _____

Home Address:

Street: _____

City:_____ State:_____ Zip Code:_____

County: _____

Phone Number:

Home:_____ Cell: _____

Personal E-mail Address: _____

Name of Practice(s):_____

Practice Address: (If multiple practices, please list primary address)

Street:_____

City:_____ State:_____ Zip Code:_____

County: _____

Practice Phone Number: _____

Practice 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:

Undergraduate Attended: _____

Graduation Year: _____

Optometry School Attended: _____

Graduation Year: _____

Primary License #: _____ Received: ____/ ____
(month/year)

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

_____

_____

I would be interested in serving on the following:
(Check all that apply)

- ☐ Legislative Committee
- ☐ 3rd Party Insurance Committee
- ☐ Public Relations Committee
- ☐ Membership Committee
- ☐ SCOPA Board of Directors
- ☐ Local Society Leadership

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 or transferring your membership from another state affiliate Association:

_____

_____

_____

_____

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: _____

AOA Approval: _____

Visit us on the online at:

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

2730 Devine Street ● Columbia, SC 29205 ● 803-799-6721 ● TOLL FREE 877-799-6721 ● FAX 803-799-1064