

Application for Student Membership



Student Membership: Any student who is currently attending any accredited college of optometry, may be a student member of the Association. Student membership is free in the SCOPA.

Full Name: _____
(Last, First, Middle)

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

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

Date of Birth: _____

If you plan to do a residency, in which state will this be in? _____

Home Address (Permanent):

Street: _____

City: _____ State: _____ Zip Code: _____

Temporary Address (School):

Street: _____

City: _____ State: _____ Zip Code: _____

How much longer will you be residing at this address? _____

Phone Number:

Home: _____ Cell: _____

Preferred E-mail Address: _____

Preferred Method of Social Networking: Facebook Twitter Instagram Other:

Education:

College Attended: _____

Graduation Year: _____

Optometry School Attended: _____

Graduation Year: _____

Hobbies: _____

Would you be interested in serving on a committee or holding an officer position with the SCOPA? Yes No

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

<input type="checkbox"/> Legislative Committee	<input type="checkbox"/> SCOPA Board of Directors
<input type="checkbox"/> 3 rd Party Insurance Committee	<input type="checkbox"/> Local Society Leadership
<input type="checkbox"/> Public Relations Committee	
<input type="checkbox"/> Membership Committee	

SCOPA Interests: (Check all that apply)

<input type="checkbox"/> Legislature	<input type="checkbox"/> Annual Meeting
<input type="checkbox"/> 3 rd Party Insurance	<input type="checkbox"/> Spring Meeting
<input type="checkbox"/> Public Relations / Social Networking	<input type="checkbox"/> Social Events
<input type="checkbox"/> Continuing Education	<input type="checkbox"/> SC Special Olympics
<input type="checkbox"/> Networking	<input type="checkbox"/> Community Events

Please provide a brief explanation on why you are interested in joining the SCOPA as a student member:

How can the SCOPA best serve your needs as you evolve into the profession of Optometry?:

SCOPA Mission Statement

The SC Optometric Physicians Association is an Association of primary care providers dedicated to ensuring visual welfare and ocular health 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.sceyedocors.com
- **Facebook and AOA Connect:**
SC Optometric Physicians Association
- **Twitter:** sceyedocs