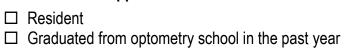
Application for New Graduate Membership

Please check which applies:





Full Name:			
(Last, First, Middle)			
Marital Status: ☐ Single ☐ Married	Sex: □ Male [□ Female	
Date of Birth:	Ethnicity:		
Maiden Name (if applicable):	Spouse (if ap	plicable):	
Home Address:			
Street:			
City:		Zip Code:	
County:			
Home Phone:			
Personal E-mail Address:			
Practice or Residency Program Address: (If multiple Street:	•	ddress)	
City:		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-ma	nil: □ Personal	□ Practice	
Practice Website:			_
Preferred Method of Social Networking: □ Fa	cebook □ Twitter	□ Other:	

Education:			
Undergraduate Attended:			
Graduation Year:			
Optometry School Attended:			
Graduation Year:			
NPI Number: Primary	License #:		
Please list any other states you are licensed in,	along with your license number:	(mo	nth/year)
I would be interested in serving on the following (Check all that apply) □ Legislative Committee □ SCOPA Board of □ 3 rd Party Insurance Committee □ Local Society Le □ Public Relations Committee □ Leadership Instit □ Membership Committee	☐ Legislature Directors ☐ 3 rd Party Insurance adership ☐ Public Relations / So	cial Networking	Annual Meeting Spring Meeting Social Events SC Special Olympics Community Events
Do you plan on staying in SC after graduating? Please provide a brief explanation of why you a			
Preserve, promote	PA Mission Statement and advance the profession of to quality eye care in South C	•	
	Nichala.		

For SCOPA STAFF USE:

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

BOD Meeting approved: _____

AOA Approval: _____



Visit us on the online at:

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