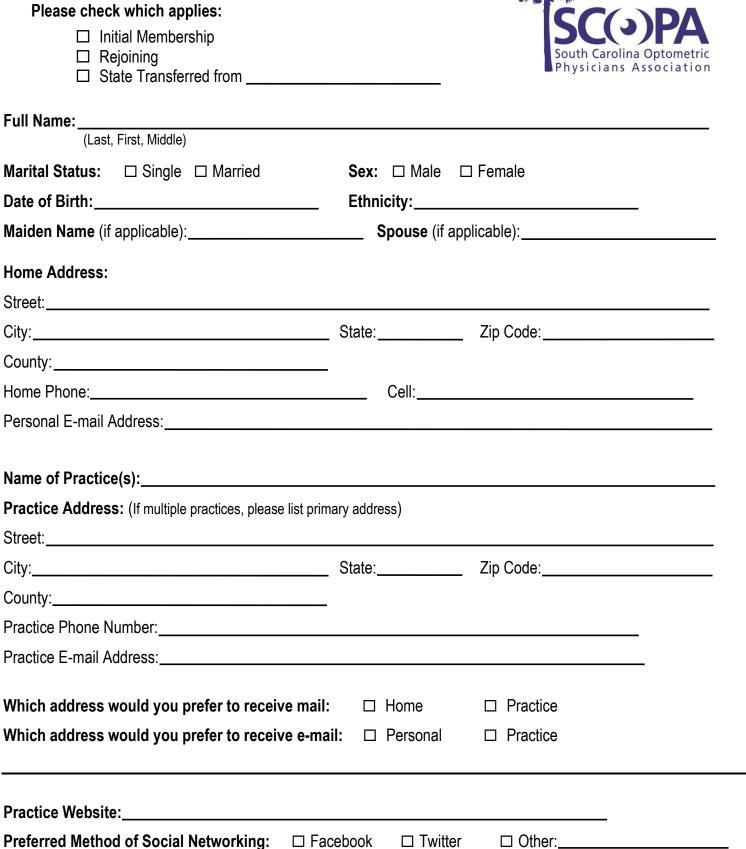
Application for Membership



Education: Undergraduate Attended: Graduation Year: Optometry School Attended: Graduation Year: Graduation Year: Residency (if applicable):			
		NPI Number: Primary License	e #: / (month/year)
		Please list any other states you are licensed in, along w	rith your license number:
		I would be interested in serving on the following: (Check all that apply) Legislative Committee	SCOPA Interests: (Check all that apply) Legislature
		Please provide a brief explanation of why you are interestrom another state affiliate Association:	ested in joining the SCOPA or transferring your membership
			ssion Statement
ensuring access to qua	vance the profession of optometry ality eye care in South Carolina. Visit us on the online at:		
Date Rec'd/ Date Approved/ BOD Meeting approved:	 www.sceyedoctors.com Facebook: SCOPA on FB (private) & SC Optometric Physicians Association Page Instagram: @scopaevedocs 		