

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

Date of Birth: _____ **Ethnicity:** _____

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

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(s):

Home: _____ Cell: _____

School E-mail Address: _____

Personal E-mail Address: _____

Which address would you prefer to receive mail: Permanent Home Temporary School

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

Preferred Method of Social Networking: Facebook Twitter Instagram Other:

Hobbies: _____

Education:

Undergraduate Attended: _____

Graduation Year: _____

Optometry School Attending: _____

Anticipated Graduation Year: _____

If you plan on doing a residency, in which state will this be in?

Which state would you like to practice in?

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"/> Leadership Institute |
| <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 with Colleagues | <input type="checkbox"/> Community Events |

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

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

Preserve, promote and advance the profession of optometry
ensuring access to quality eye care in South Carolina.

For SCOPA STAFF USE:

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

BOD Meeting approved: _____

AOA Approval: _____



Visit us on the online at:

- www.sceyedocors.com
- **Facebook:** SCOPA on FB (private) & SC Optometric Physicians Association Page
- **Instagram:** @scopaeyedocs