

APPLICANT'S DETAILS

Title	<input type="text"/>	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> (✓ box)	Mobile no.	<input type="text"/>
Forename	<input type="text"/>		Home no.	<input type="text"/>
Middle name	<input type="text"/>		Work no.	<input type="text"/>
Surname	<input type="text"/>		Date of birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
GOC no.	<input type="text"/>		Date of GOC registration	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Home address	<input type="text"/>			
	<input type="text"/>	Postcode	<input type="text"/>	
Work address	<input type="text"/>			
	<input type="text"/>	Postcode	<input type="text"/>	
Which address would you like membership correspondence sent?	Home <input type="checkbox"/>	Work <input type="checkbox"/>		
Which address would you like us to send <i>Optometry Today</i> ?	Home <input type="checkbox"/>	Work <input type="checkbox"/>	Opt out <input type="checkbox"/>	
Home email	<input type="text"/>			
Work email	<input type="text"/>			
Which email address would you like us to use for contacting you?	Home <input type="checkbox"/>	Work <input type="checkbox"/>	Opt out <input type="checkbox"/>	

Email
We email you relevant information about the AOP, OT, membership benefits and the latest updates on key issues which affect your profession. To tailor the emails you receive from us, you can edit your preferences in MyAOP/Communication after you have joined.

SMS/text messaging
You can opt in to receive SMS/text messages from us on the mobile number you have listed below, for us to send you reminders about key dates such as membership renewals and AOP events you have registered for. You can change your opt in/out status at any time.

Opt in Opt out UK Mobile phone number

Ethnicity

White Mixed/multiple ethnicity Asian/Asian British Black/African/Caribbean/Black British Prefer not to say

Other ethnic group

Education and qualifications

University attended

Qualifications obtained (tick all that apply)

BSc/BSc (Hons) Date MCOptom Date FBDO Date

Provide all other relevant qualifications and the dates obtained

Work

Independent practice	Corporate practice	Other	Not working
Practices owned and operated by individuals or partners that are not part of a franchise or joint venture agreement	Practices that operate as part of a franchise or joint venture agreement or as wholly-owned subsidiaries of larger corporations		
Sole practitioner <input type="checkbox"/>	Director <input type="checkbox"/>	Hospital <input type="checkbox"/>	Student <input type="checkbox"/>
Partner <input type="checkbox"/>	Full-time employee <input type="checkbox"/>	Supervisor <input type="checkbox"/>	Career break <input type="checkbox"/>
Full-time employee <input type="checkbox"/>	Part-time employee <input type="checkbox"/>	Administrator <input type="checkbox"/>	Searching for a job <input type="checkbox"/>
Part-time employee <input type="checkbox"/>	Full-time locum <input type="checkbox"/>	Researcher <input type="checkbox"/>	
Full-time locum <input type="checkbox"/>	Part-time locum <input type="checkbox"/>	Industry/professional body <input type="checkbox"/>	
Part-time locum <input type="checkbox"/>	Director of the company itself <input type="checkbox"/>	Lecturer <input type="checkbox"/>	
Director of a ltd company <input type="checkbox"/>	Director of a JVP <input type="checkbox"/>	Optometric adviser <input type="checkbox"/>	
	Franchise holder <input type="checkbox"/>	NHS clinical work <input type="checkbox"/>	

AOP MEMBERSHIP

Join date

Our membership year runs from 1 January until 31 December. Your membership will start from the 1st of the month selected, and your membership fee will be pro-rated based on your start date. You will be sent a renewal notice for the following year in November each year.

Membership grade

Please review the list of membership grades available at www.aop.org.uk/membership-rates

Membership conditions

I have read the AOP membership conditions which can be found at www.aop.org.uk search 'membership conditions' and agree to maintain my membership for a minimum initial twelve month period, prior to submitting to a written cancellation. Yes

What prompted you to join the AOP?

Why are you joining the AOP?

PAYMENT BY DIRECT DEBIT

Instruction to your bank or building society to pay by Direct Debit

Name and full postal address of your bank/building society

To: the manager	Bank or building society
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Postcode <input type="text"/>	

Name(s) of account holder(s)

Bank/building society account no.

Branch sort code

Originator's identification no.

Instructions to your bank or building society

Direct Debit frequency (please tick box)* Annual Quarterly Monthly

*If you do not tick a box, we will collect monthly payments. If you miss the DD deadline, your missed payment will be added to the next month's payment.

Please pay Association of Optometrists by Direct Debit from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Association of Optometrists and, if so, details will be passed electronically to my bank/building society.

Signature(s)

Date

Banks and building societies may not accept Direct Debit instructions for some types of accounts



THE DIRECT DEBIT GUARANTEE

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit, AOP will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request AOP to collect a payment, confirmation of the amount and date will be given to you at the time of the request
- If an error is made in the payment of your Direct Debit, by AOP or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society.
 - If you receive a refund you are not entitled to, you must pay it back when AOP asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society.



PAYMENT BY CREDIT OR DEBIT CARD

To pay your AOP membership fee by credit or debit card please call the membership team. The AOP accepts all major credit and debit cards, except American Express. The membership team can be reached on 020 7549 2010, 9am to 5pm Monday to Friday.

DATA PROTECTION

The data collected will only be used to maintain membership records and, in accordance with our membership conditions, we will only send members information relevant to them on membership, professional practise, products and services. Personal details will be held on computerised and paper-based systems.

Third parties

We work with approved affinity partners to provide additional services intended to enhance your membership package. Please indicate below if and how you wish to hear about their services.

From the AOP

Please note that no data is shared with third parties by selecting these options and you can change your preferences at any time.

Post Email

From approved third parties

Please note that this option includes the secure transfer of your data to the third party for a limited number of AOP-approved mailings per year.

Post

DECLARATION To be completed by all applicants

Issues to declare

It is a requirement of applicants for membership of the Association that they declare, at the time of application, any existing or known potential issues which might require AOP assistance. Such issues will automatically be excluded from the benefits of membership unless specifically advised otherwise.

The existence of such an issue does not mean that membership would be refused. If in the future it becomes clear that a member was aware of such an issue at the time of application for membership and did not declare it, then the members insurance cover may be invalid. The AOP will in such circumstances exercise its discretion as to existing and future cover and membership.

I have nothing to declare

I have something to declare (Please provide details below)

Declaration – further details

I wish to declare the following issue:

- To the best of my knowledge and belief, there are no other outstanding or potential claims against me or complaints about me. If I am a practice owner or director, I declare that there are no further outstanding or potential claims against any of my practices. In relation to employment matters, I declare that I am unaware of any other current issues that involve me. I am in sympathy with the aims and objectives of the Association.

Signature

To the Board of Directors of the Association of Optometrists

I hereby apply for admission to membership of the Association and agree to abide by its membership conditions. I have given details in writing above if there are any:

- Outstanding or potential claims against me or complaints about me
- Employment issues or complaints involving me
- Outstanding or potential claims or complaints against any of my practices (if I am a practice owner or director)

Signed

Date