

YOUR DETAILS

Title Gender: Male Female (✓ box) Mobile no.
 Forename Home no.
 Middle name
 Surname Date of birth
 Home address
 Postcode
 Term address
 Postcode
 Which address would you like membership correspondence sent? Home Term
 Which address would you like us to send Optometry Today? Home Term

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.

Personal email
 Term email
 Which email address would you like us to use for contacting you? Home Term

Ethnicity

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

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

YOUR UNIVERSITY COURSE

University attending
 Course title Course code
 Please specify your year of study 1st 2nd 3rd 4th Pre-registration
 GOC number GOC registration date:
 DO conversion course student
 Please read and tick if you are a qualified dispensing optician on a recognised UK course leading to a degree in optometry. Any work you undertake as a dispensing optician is excluded from your student membership. If you require medical malpractice insurance as part of your cover you must join as a dispensing optician member at www.aop.org.uk/join
 By ticking this box you agree with the statement above
 DO GOC no. Date of GOC registration

DATA PROTECTION

The data collected will only be used to maintain membership records and, in accordance with our membership terms and conditions, we will only send members information relevant to them on membership, professional practice, products and services. Personal details will be held on computerised and paper-based systems. The membership terms and conditions and the AOP privacy policy can be found at www.aop.org.uk

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

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.

If there are any issues that you would like to bring to our attention, please complete the declaration section below.

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 member's 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 complete the below declaration section)

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.

Please use additional sheets if required

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 Byelaws and Articles and rules made hereunder. I have given details in writing below if there are any:

- Outstanding or potential claims against me or complaints about me
- Employment issues or complaints involving me
- Current or known issues with my university, course or pre-reg placement
- Current or known GOC matters
- Ongoing matters involving the police or involvement in a criminal investigation
- Outstanding or potential claims against any of my practices (if I am a practice owner or director)

Signed

Date

Full terms and conditions of membership are available at www.aop.org.uk/terms-and-conditions