

BC DOCTORS OF OPTOMETRY GENERAL MEMBERSHIP APPLICATION

The British Columbia Association of Optometrists (doing business as BC Doctors of Optometry) is your professional association which represents the interests of Doctors of Optometry who are practising in British Columbia. The purposes of the Association are as follows:

- (a) to ensure and advance the successful practice of Optometry by members in accordance with the highest standards of patient care;
- (b) to enhance the profession of Optometry in British Columbia by providing the leadership necessary to continually improve the economic well-being, quality of life and professional image of Optometrists;
- (c) to develop and maintain the education, communications and information systems which will respond to the needs of members;
- (d) to preserve and advance the economic interests of the members;
- (e) to uphold and enhance the image and credibility of Optometry;
- (f) to be a vigilant voice on issues affecting the eye health of all British Columbians;
- (g) to foster good relations with the public, government and other collegial groups and organizations;
- (h) to develop and maintain such services, programs, procedures or mechanisms which may better serve the interests and well-being of the members and which will facilitate the achievement of the other objects of the Association;
- (i) to participate in any other way in the advancement of the profession of Optometry;

As a registered optometrist in British Columbia, you are invited to apply to be a member of BC Doctors of Optometry. As a member of the Association, you are also a member of the Canadian Association of Optometrists (CAO). Information on classes of membership and related fees is available by contacting our office or on the website (bc.doctorsofoptometry.ca under Doctors of Optometry).

I (the undersigned) hereby apply for membership with BC Doctors of Optometry. I agree to abide by its Constitution and Bylaws, and to promptly advise BC Doctors of Optometry of any change in practice location(s).

First Name	<input type="text"/>	Initial	<input type="text"/>	Last Name	<input type="text"/>	BC Registration #	<input type="text"/>
Preferred Name if other than above	<input type="text"/>			OE Tracker	<input type="text"/>		
Signature	<input type="text"/>			Date	<input type="text"/>		

Please fax or email the member application and information form to our office.

BC DOCTORS OF OPTOMETRY MEMBER APPLICATION FORM

Name (Last Name, First Name, Middle Initial)	Registration # (College of Optometrist of BC) <input type="checkbox"/> <input type="checkbox"/> # _____ Therapeutic Qualified Non-Therapeutic Qualified	
	Practitioner # (MSP)	
Date of Birth	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Do you hold licenses in other jurisdictions? If yes, please list here:		
1)	2)	3)
Email Address (business)	Email Address (alternate)	
Which email address may we use for: BCAO Notices and Newsletters <input type="checkbox"/> Business <input type="checkbox"/> Alternate <input type="checkbox"/> None Publish on Find a Doctor of Optometry? <input type="checkbox"/> Business <input type="checkbox"/> Alternate <input type="checkbox"/> None	Your Provincial Riding (or your home address postal code)	
	Your Federal Riding (or your home address postal code)	
EDUCATIONAL INFORMATION		
Optometry Degree	Other Degree Received	
School Attended	School Attended	
Year Obtained	Year Obtained	
PERSONAL INFORMATION		
Home Address	Home Tel	
	Home Fax	
	Mobile Tel	
Emergency Contact	Languages (other than English)	
Please use the following as my MAILING address: <input type="checkbox"/> Home <input type="checkbox"/> Business Address 1 <input type="checkbox"/> Business Address 2 <input type="checkbox"/> Business Address 3		
AWARDS *List any awards and/or recognition received		
OUTREACH (Please check all that apply)		
<input type="checkbox"/> I would be interested in:		
<input type="checkbox"/> Speaking on radio or TV, or to a print journalist about optometric issues		
<input type="checkbox"/> Participating on behalf of BC Doctors of Optometry in community events such as health fairs, presentations to local groups, schools or companies		
<input type="checkbox"/> Participating with BC Doctors of Optometry government initiatives and advocacy campaigns		
<input type="checkbox"/> Participating on BC Doctors of Optometry committee(s) e.g. Membership, Public Relations, Continuing Education etc.		
<input type="checkbox"/> Participating in the Mentorship program - As a Mentor / As a Mentee (please circle one)		

BUSINESS INFORMATION**Please Check One**

Full-Time Practitioner

Part-time Practitioner

Other (*please specify*):**Business Address 1 (Primary work location)****Clinic Name:****Address:****Tel No:****Fax No:****Business Email:****Website:****EyeSafe:** Yes No**Please check one:** Sole Proprietor Partner Associate Other: _____**Days in this location:** (circle all days that apply)

M T W TH F Sat Sun

 Business Address 2**Clinic Name:****Address:****Tel No:****Fax No:****Business Email:****Website:****Eyesafe:****EyeSafe:** Yes No**Please check one:** Sole Proprietor Partner Associate Other: _____**Days in this location:** (circle all days that apply)

M T W TH F Sat Sun

Business Address 3**Clinic Name:****Address:****Tel No:****Fax No:****Business Email:****Website:****EyeSafe:** Yes No**Please check one:** Sole Proprietor Partner Associate Other: _____**Days in this location:** (circle all days that apply)M T W TH F Sat Sun
 ADDITIONAL INFORMATION (Please check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> MSP Opt In | <input type="checkbox"/> MSP Soft Opt Out | <input type="checkbox"/> MSP Hard Opt Out |
| <input type="checkbox"/> Contact Lens Fitting | <input type="checkbox"/> In-office Optical Lab | <input type="checkbox"/> Spectacle Dispensing |

AREAS OF PRACTICE INTEREST (Please check all that apply)*

- | | | |
|---|--|--|
| <input type="checkbox"/> Binocular Vision Training/
Orthoptics | <input type="checkbox"/> Dry Eye | <input type="checkbox"/> House Calls |
| <input type="checkbox"/> Institutional Visits | <input type="checkbox"/> Keratoconus Contact Lens
Fit | <input type="checkbox"/> Learning Disabilities/
Visual Perception |
| <input type="checkbox"/> Long Term Care Facility
Visits | <input type="checkbox"/> Low Vision** | <input type="checkbox"/> Night Vision Testing |
| <input type="checkbox"/> Ortho-K | <input type="checkbox"/> Visual Fields** | <input type="checkbox"/> Wheelchair Patients |
| <input type="checkbox"/> Other: | | |

List any hospitals, prisons, seniors' homes, or other institutions that you provide services to on a regular basis:

*Check off any areas of practice that you would like to be listed on the PUBLIC section of the BC Doctors of Optometry website **Must have obtained approval from the College of Optometrists of British Columbia

PRIVACY STATEMENT

BC Doctors of Optometry collects, uses and discloses personal information (including the personal information requested on this form and other member personal information), in order to provide services and benefits to members, which includes:

- managing and developing Association operations;
- establishing and maintaining relationships with members;
- determining the needs and preferences of members;
- advocating member interests;
- designing, developing and providing products, benefits, programs and information to members, employees and other individuals associated with us, including family members of the Association members and employees;
- arranging for and permitting affiliated organizations/preferred suppliers to provide products, services and information to members, employees and other individuals associated with the Association, including family members of BC Doctors of Optometry members and employees;
- collecting and managing membership fees;
- meeting legal or regulatory requirements; and
- such other purposes consistent with the foregoing purposes

By way of membership, and by providing the requested personal information as set out in this member information sheet, you consent to the purposes and uses outlined above for which the Association collects, uses and discloses your personal information. Your information may be used by our staff, directors and committee chairs for the purposes outlined above.

We are committed to protecting the privacy and confidentiality of member personal information and complying with applicable legislation relating to the collection, use, disclosure, accuracy, safekeeping, retention and destruction (when appropriate) of personal information. If you have any questions about the handling of your personal information, please contact the BC Doctors of Optometry Privacy Officer at (604) 737 - 9907 or info@optometrists.bc.ca.

Signature of Member

Date