

**APPLICATION FOR STUDENT MEMBERSHIP**

Optometric Physicians of Washington Bylaws:

ARTICLE I - Membership Classifications, Section 8. Student Membership: Is awarded by the OPW Membership Programs Chair to a student of optometry in a school or college accredited by the Council on Optometric Education. Application shall be made by the student and include appropriate verification of student status. The membership herein granted shall continue for eighteen (18) months after the member ceases to be a student, intern or resident, provided that the member is licensed and practicing optometry in the state of Washington.

I, the undersigned, respectfully petition for membership in the Optometric Physicians of Washington (OPW). I am legally licensed to practice optometry in Washington State. I agree to abide by the OPW Bylaws, including Appendices A, B, C, D and E; and hereby pledge myself to observe them (you may contact the OPW state office for a current copy).

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I am a student at \_\_\_\_\_ and hereby apply for student membership in the Optometric Physicians of Washington.

NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ SEX \_\_\_\_\_

(Print Full Name)

SOCIAL SECURITY # \_\_\_\_\_ E-MAIL \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

SCHOOL ADDRESS \_\_\_\_\_

Are you a student member of the American Optometric Association? \_\_\_\_\_

AOA ID # \_\_\_\_\_ I expect to graduate: Month \_\_\_\_\_ Year \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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**(Office Use Only)**

Mailed \_\_\_\_/\_\_\_\_/\_\_\_\_ Returned \_\_\_\_/\_\_\_\_/\_\_\_\_

Joined Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Report \_\_\_\_\_

