

Associate Membership Application Form

Optometrist/Dispensing Optician NOT employed by Levy Paying Practice including Locum OO/DO and those employed by non-levy paying practices

Please complete (clearly in block capitals) and return signed and dated by post, along with payment, to NIOS – PO Box 28, DROMORE, BT25 1YH.

If you have any queries please contact NIOS Secretary at 07774 415813 or by email to lizgillespie.nios@btopenworld.com.

Applicant's Name: _____

Home Address: _____

Contact No: _____

GOC No: _____

BSO List No: _____

Email Address: _____

Locum List:

Do you wish to be placed on the Locum List? Yes No

Are there any special circumstances that you would like to make the NIOS Council aware of, eg, type of locum position wanted, area available, days wanted?

SIGNATURE: _____

DATE: _____

Please print your name: _____

Fee enclosed (£120.00 payable to NIOS): Yes No