

Associate Membership Application Form - £120.00

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) sign and send a photograph/scan to email address below.

If you have any queries please contact NIOS Secretary by email to secretary@nios.org.uk

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: _____

Contact Kate, secretary@nios.org.uk, for banking details.