

## 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 2240 BELFAST BT13 9DA

If you have any queries please contact NIOS Secretary by email to [secretary@nios.org.uk](mailto: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: \_\_\_\_\_

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