

Membership Application

New Jersey Society of Optometric Physicians & American Optometric Association Membership Application

- 1) Type or print all information using black ink.
- 2) Sign and date the last page of the application.
- 3) Attach a copy of your Curriculum Vitae.
- 4) Incomplete applications will be returned for further information.
- 5) Do not enclose payment. You will be billed upon acceptance of your application.
- 6) Please refer to the enclosed Dues Structure Sheet for dues rates or call the NJSOP office for assistance.
- 7) **ALL FIELDS REQUIRED, IF APPLICABLE**

First Name: _____ Last Name: _____ Middle Initial: _____

Social Security Number: _____ Email: _____

Main Office Address: _____ Phone: _____

_____ Fax: _____

_____ County: _____

Branch Office #1: _____ Phone: _____

_____ Fax: _____

_____ County: _____

Branch Office #2: _____ Phone: _____

_____ Fax: _____

_____ County: _____

Home Address: _____ Phone: _____

_____ Date of Birth: _____

All Mail To Be Sent To (check one): Main Office _____ Branch #1 _____ Branch #2 _____ Home _____

Male _____ Female _____ Marital Status: _____ Spouse's Name: _____

Maiden Name (if applicable): _____ Date & State of Original Licensure: _____

Optometry School Attended: _____ Graduation Date: _____

Date of NJ License: _____ NJ License #'s: OA _____ TPA# TO (if applicable) _____

OM# _____

ARBO# _____

Have You Been Previously Licensed in Another State? Yes _____ No _____

If Yes, Please Indicate State(s) and Year(s) _____

Has your License Ever Been Revoked, Annulled or Suspended? Yes _____ No _____

If Yes, Please Explain: _____

Type of Membership Requested: Active ___ Reinstatement ___ Associate ___ Military ___ Honorary ___ Faculty ___

**Special
Interest
Areas:**

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Contact Lenses | <input type="checkbox"/> Vision Therapy | <input type="checkbox"/> Prosthesis | <input type="checkbox"/> Home Visits |
| <input type="checkbox"/> Pediatric | <input type="checkbox"/> Accepts Medicaid | <input type="checkbox"/> TPA Certified | <input type="checkbox"/> Neuro-Opto Rehab |
| <input type="checkbox"/> Orthokeratology | <input type="checkbox"/> Industrial | <input type="checkbox"/> Laser Center Affiliation | |
| <input type="checkbox"/> Medicare PAR Provider | <input type="checkbox"/> Low Vision | <input type="checkbox"/> Geriatric | |

(OVER)

Your membership is contingent upon a local society affiliation. **Please check the local society with which you wish to affiliate.** The NJSOP office will notify the local for you. You have the option to switch your local society affiliation at a later date if you wish.

- | | |
|---|--|
| <input type="checkbox"/> Monmouth-Ocean Optometric Society (MOCOS)
Monmouth and Ocean Counties | <input type="checkbox"/> Bergen-Passaic Optometric Society (BPOS)
Bergen and Passaic Counties |
| <input type="checkbox"/> South Jersey Society of Optometric Physicians (SJSOP)
Atlantic, Cape May, Cumberland and Salem Counties | <input type="checkbox"/> Essex County Optometric Society (ECOS)
Essex County |
| <input type="checkbox"/> Tri-County Optometry Society (TCOS)
Morris, Sussex and Warren Counties | <input type="checkbox"/> West Jersey Optometric Society (WJOS)
Camden and Gloucester Counties |
| <input type="checkbox"/> Hudson County Society of Optometric Physicians (HCSOP)
Hudson County | <input type="checkbox"/> Mid- Jersey Optometric Society (MJOS)
Middlesex, Somerset and Union Counties |
| <input type="checkbox"/> Central Jersey Society of Optometric Physicians (CJSOP)
Burlington, Hunterdon and Mercer Counties | |

Optometry's Oath of Practice

With full deliberation, I freely and solemnly pledge that:

I will practice the art and science of optometry faithfully and conscientiously, and to the fullest scope of my competence.

I will uphold and honorably promote by example and action the highest standards, ethics and ideals of my chosen profession and the honor of the degree, Doctor of Optometry.

I will provide professional care for those who seek my services with concern, with compassion and with due regard for their human rights and dignity.

I will place the treatment of those who seek my care above personal gain and strive to see that none shall lack for proper care.

I will hold as privileged and inviolable all information entrusted to me in confidence by my patients.

I will advise my patients fully and honestly of all which may serve to restore, maintain or enhance their vision and general health.

I will strive continuously to broaden my knowledge and skills so that my patients may benefit from all new and efficacious means to enhance the care of human vision.

I will share information cordially and unselfishly with my fellow optometrists and other professionals for the benefit of the patients and the advancement of human knowledge and welfare.

I will do my utmost to serve my community, my country and humankind as a citizen as well as an optometrist.

I hereby commit myself to be steadfast in the performance of this my solemn oath and obligation.

Having truthfully answered the forgoing questions, I hereby make application for membership in the New Jersey Society of Optometric Physicians, the American Optometric Association and my chosen local society. I obligate myself to return the certificate of membership to the Society should I ever resigned or be dropped from the roster or in the event that my membership is terminated for whatever reason. I agree to abide by the NJSOP Constitution and Bylaws and to adhere faithfully to the Optometric Oath.

Signed _____ Date _____

Were you referred by a current member? If so, who? _____

➔ **Would you like to receive text messages from NJSOP about events, cancellations, and other important information?** ___Yes, please send me text message updates ___No, thank you
Cell # _____

New Jersey Society of Optometric Physicians
Please return completed application to: 4 AAA Drive, Suite 204 Hamilton, New Jersey 08691
TEL (609) 323-4012 FAX (609) 323-4014