

Student Associate Application Form 2019

Student Associates are students currently enrolled in a program of optometry recognized by the BC Doctors of Optometry Board of Directors.

I hereby apply to BC Doctors of Optometry for student membership.

Name:	Tel:
Mailing Address:	
Email:	Date of Birth:

College or University Currently Attending

Name of School:	
Location:	Expected Graduating Year:

As a Student Associate you will receive copies of the BCAA electronic news bulletins as well as the bi-monthly electronic newsletter. Please notify BCAA if your contact information changes.

Signature

Date