

**SASKATCHEWAN OPHTHALMIC DISPENSERS ASSOCIATION  
STUDENT OPHTHALMIC DISPENSERS MEMBERSHIP AND REGISTRATION FORM**



To: The Registrar  
SASKATCHEWAN OPHTHALMIC DISPENSERS ASSOCIATION  
#306 – 1114 – 22<sup>nd</sup> Street West [SGEU BUILDING]  
SASKATOON, SK S7M 0S5

Phone: (306) 652-0769

**SOCIAL INSURANCE NUMBER:** \_\_\_\_\_

Fax: (306) 652-0784

Mr. \_\_\_\_\_  
Mrs. \_\_\_\_\_  
Miss \_\_\_\_\_ (Surname) (Given Names)

\_\_\_\_\_ of \_\_\_\_\_  
(Date of Birth) (Street Address)

\_\_\_\_\_, Saskatchewan \_\_\_\_\_  
(Town or City) (Postal Code)

FAX: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

Place of Employment: \_\_\_\_\_  
(Name and Address)

\_\_\_\_\_  
(Postal Code)

FAX: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

Hereby applies for **Membership and Registration as a STUDENT OPHTHALMIC DISPENSER.**

List previous Ophthalmic Dispensing Training or and other job experience. (Institutions and Diplomas obtained.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List of services to be provided and describe proposed supervision. **ANY CHANGES OF EMPLOYMENT OR SUPERVISION must be approved by Council of the Saskatchewan Ophthalmic Dispensers Association.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*\* You MUST HAVE YOUR GRADE 12 BEFORE attempting the Opticians' Association of Canada Course. (Proof of Grade 12 Education MUST BE SUBMITTED with this application.) THIS REQUIREMENT IS NECESSARY in order that may successfully complete the Course.\*\*\***

I am presently enrolled in, or will enroll in (at the earliest opportunity) the NAIT/ Opticians' Association of Canada Distance Delivery Course, or have previously completed the following course:

\_\_\_\_\_  
\_\_\_\_\_

REGISTRATION and annual MEMBERSHIP FEES **MUST** accompany this Application. Registration Fees are payable once only. Annual Membership Fees are payable each year on or before August 1st.

_____ Registration Fee	\$10.00	Please make cheque payable to: <b>SASKATCHEWAN OPHTHALMIC DISPENSERS ASSOCIATION</b> #306 – 1114 – 22 <sup>nd</sup> Street West [SGEU BUILDING] SASKATOON, SK S7M 0S5
_____ Annual Membership Fee	<u>\$30.00</u>	
<b>TOTAL</b>	<u>\$40.00</u>	

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

I am in AGREEMENT with and will be PHYSICALLY PRESENT and WILL SUPERVISE, CHECK, and APPROVE the work of the above Student.

Date: \_\_\_\_\_ Signature of Supervisor: \_\_\_\_\_  
Registration No. \_\_\_\_\_ Licensed to Dispense in Saskatchewan

**\*\*\* PLEASE NOTE THAT YOU ARE RESPONSIBLE FOR ADVISING THE REGISTRAR OF ANY CHANGES IN THE STATUS OF THE STUDENT\*\*\*\*\***