## 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

Email:	
_ Phone:	
Fax:	
County:	
Phone:	
Fax:	
County:	
Phone:	
Fax:	
County:	
Phone:	
Date of Birth:	
Branch #1 Branch #2 Home	
Spouse's Name:	
e & State of Original Licensure:	
Graduation Date:	
TPA# TO (if applicable)	
OM#	
ARBO#	
Yes No	
spended? Yes No	
- -	
_Associate Military Honorary Faculty	
Prosthesis Home Visits	
TPA Certified Neuro-Opto Reha	

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.

- Bergen-Passaic Optometric Society (BPOS) Monmouth-Ocean Optometric Society (MOCOS) Monmouth and Ocean Counties Bergen and Passaic Counties South Jersey Society of Optometric Physicians (SJSOP) Essex County Optometric Society (ECOS) Atlantic, Cape May, Cumberland and Salem Counties Essex County Tri-County Optometry Society (TCOS) West Jersey Optometric Society (WJOS) Morris, Sussex and Warren Counties Camden and Gloucester Counties
- Hudson County Society of Optometric Physicans (HCSOP) Hudson County
- 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

- Mid- Jersey Optometric Society (MJOS) Middlesex, Somerset and Union Counties