

APPLICATION FOR LICENCE TO PRACTICE OPTOMETRY

To: The Registrar
Saskatchewan Association of Optometrists (SAO)

I, _____ Optometrist of _____ (town/city name) in the province of Saskatchewan, do hereby apply for a license to practice Optometry in this province during the year 2014 and make declaration that I have knowledge of the Bylaws and Code of Ethics of the Saskatchewan Association of Optometrists (SAO), to which articles I faithfully subscribe.

To comply with Bill C-28 and newly formulated regulations, I consent to the SAO and the Canadian Association of Optometrists (CAO) and their affiliates to send electronic newsletters, registrations and member updates to my attention via my email address provided to the SAO.

(Check "X") _____ "Yes" I provide my consent
 _____ "No" I do not provide my consent

I will be practicing in the following offices and locations:

Office Name (as it should appear on license)

Location (Town/City Name)

Signature

Date