

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 2018 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 Saskatchewan Association of Optometrists (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 have an existing License # _____ and my email address is _____.

I will be practicing and require a professional license certificate in the following offices and locations:

Office Name _____

Location (Town/City Name) _____

Address _____

Postal Code _____

Website _____

Phone # _____ **Fax #** _____

Office Name _____

Location (Town/City Name) _____

Address _____

Postal Code _____

Website _____

Phone # _____ **Fax #** _____

Office Name _____

Location (Town/City Name) _____

Address _____

Postal Code _____

Website _____

Phone # _____ **Fax #** _____

Office Name _____

Location (Town/City Name) _____

Address _____

Postal Code _____

Website _____

Phone # _____ **Fax #** _____

Signature

Date