

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 2020 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