THE ASSOCIATION OF DISPENSING OPTICIANS
OF NEW ZEALAND INCORPORATED

# Application for Membership with
# The Association of Dispensing Opticians of New Zealand Inc

**First names:** _____ **Family name:** _____

## PLEASE INDICATE THE TYPE OF MEMBERSHIP THAT YOU ARE APPLYING FOR

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| | | |
|---|---|---|
| | **FULL** | Practicing Registered NZ Dispensing Optician |
| | **STUDENT** | Active and current student of ACOD or another recognised optical dispensing course provider for New Zealand |
| | **ASSOCIATE** | Retired; Non practising – but registered; or living outside New Zealand |

## CONTACT DETAILS *(most correspondence will be sent by email)*

**Email address:** _____

**WORK CONTACT DETAILS**

**Name of practice:** _____

**Postal address of practice:**

_____

_____

_____ **Post Code:** _____

**Physical address of practice:**

_____

_____

_____ **Post Code:** _____

**Work phone:** _____

**Home Address:**

_____

_____

_____ **Post Code:** _____

**A/hours phone:** _____

**Please indicate where you would like to receive mail**

| ☑ | | ☑ | |
|---|---|---|---|
| | **Practice Address** | | **Home Address** |

## TO BE COMPLETED BY APPLICANT

1 Date of birth: _____

2 Brief business history with dates:

_____

_____

_____

3 Are you a member of any other optician's organisation? If yes, state which:

_____

_____

4 Give details of any education, professional or technical degrees or diplomas you hold

_____

_____

_____

5 Are you registered by the Optometrists & Dispensing Opticians Board, if yes, give approximate date of registration and APC number

_____

6 If you combine any other business with Optical Dispensing, state the nature of such business

_____

_____

**NOTES:**

- All information will be treated as confidential to the Executive.
- Membership will be approved upon receipt of confirmation of registration or student status.
- An invoice will be emailed to you once your application has been processed.

*I hereby make formal application for admission to Membership of the Association of Dispensing Opticians of New Zealand Incorporated and I declare that to the best of my knowledge and belief, the statements herein are true and complete in particulars. I further declare and undertake that, if elected a member of the Association of Dispensing Opticians of New Zealand Inc, I will observe and abide by all its Rules and Regulations.*

**Signature:** _____ **Date:** _____

## Please email this form to info@adonz.co.nz

If you have questions, please email the office: info@adonz.co.nz Or phone: 07 824 1044