



### Application for Student Membership

To join Optometry NSW/ACT please complete this form. All information should be written in CAPITAL LETTERS and mark all appropriate boxes with a cross (X). Once the declaration and code of ethics has been read and signed please return the completed form to:

**Optometry NSW/ACT**  
**130 Great North Road (PO Box 33) Five Dock 2046**  
**PH: 02 9712 2199**  
**Fax: 02 9713 2452**  
**Email: [nicole@oaansw.com.au](mailto:nicole@oaansw.com.au)**

### Personal Details

Family Name \_\_\_\_\_  
Other Names \_\_\_\_\_  
Title \_\_\_\_\_  
Date of Birth \_\_\_\_\_

First Name \_\_\_\_\_  
Preferred First Name \_\_\_\_\_  
Gender \_\_\_\_\_

### Home Address Details

Street Number & Name \_\_\_\_\_  
Postcode \_\_\_\_\_  
Fax Number \_\_\_\_\_  
Email Address \_\_\_\_\_

Suburb \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Mobile Phone Number \_\_\_\_\_