



Society of Opticianry Practitioners
(Singapore)

Website: www.sop-association.sg

Contact Person: Ms Veronica Manlalu (Mobile: 96524779)
Membership Manager

NEW MEMBERSHIP APPLICATION FORM

Name _____
(as in NRIC & Registered with OOB)

Address (as in NRIC) _____
_____ Singapore ()

NRIC No./Fin No.: _____ Gender: Male / Female

OOB Practicing Certificate number: **E** _____

Mobile No.: _____ Office No.: _____

Email Address: _____ (please provide, if any)

Registration Category with OOB:

- | | |
|---|---|
| <input type="checkbox"/> Optician (Refraction & Dispensing) | <input type="checkbox"/> Optician (Dispensing Only) |
| <input type="checkbox"/> Optician (CLP) | <input type="checkbox"/> Optometrist |

Membership fee: **\$240.00** for **two (2)** year period (**1 January to 31 December**)

Registration fee: **\$60.00** (one-time payment)

Please issue a cross cheque of **\$300.00**, payable to **SOP** and mail it to:

SOP
Block 260 Bangkit Road #01-29
Singapore 670260
Attn: Ms Jo-Ann Yong (Accounts Dept.)

***(Remember to write your name & contact number at the back of the cheque)**

Signature of Optician: _____ Date: _____

Name of Bank: _____ Cheque No: _____ Cheque Amt: _____