Society of Opticianry Practitioners
(Singapore)

Website: www.sop-association.sg

Membership Manager: Ms Veronica Manlalu (Mobile: 96524779)
Asst. Membership Manager: Ms Ivin Heng (Mobile: 93500643)

MEMBERSHIP RENEWAL FORM

Name _____
(As in NRIC & Registered with OOB)

OOB PC Number: **E** _____ Mobile No _____

Email Address: _____ (please provide, if any)

Registration Category with OOB:

□ Optician (Refraction & Dispensing) □ Optician (Dispensing Only)
□ Optician (CLP) □ Optometrist

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

Please issue a cross cheque of **$240.00,** 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)**

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

**** A Re-registration fee of $60.00 will be imposed for late payment if renewal dateline have not been met.**

Updates for Change in Mailing Address / Contact Number:

New Mailing Address (as in NRIC): _____

_____ Singapore ( )

New Contact Number: _____