



CAOS • ACÉO

Canadian Association of Optometry Students

Association canadienne des étudiants en optométrie

CAOS MEMBERSHIP APPLICATION

PERSONAL INFORMATION

Full Name:	
School:	
Email:	
Phone:	
Preferred Mailing Address:	
Expected Graduation Year:	

CAOS EMAIL CONSENT

CAOS uses electronic messages as the main communication to update and inform our members on events, jobs, activities, education opportunities and advocacy updates. Electronic updates include our emails, event invites and CAOS newsletters. You may withdraw your consent any time by sending an email to vpcomm@caostudents.ca or unsubscribe at the bottom of each email.

I consent to receiving electronic communications from CAOS.

CAO STUDENT MEMBERSHIP

CAOS is officially affiliated with the Canadian Association of Optometrists. CAO would like to offer a free membership to optometry students who are Canadian Citizens/permanent residents. Please visit www.opto.ca/cao-membership to find out more about 'Benefits and Resources'.

I would like to join the CAO as an affiliate member

I consent to receiving CAO e-communications (In-Touch monthly newsletter, member benefits and programs updates, etc.)

I consent to receiving Canadian Journal of Optometry (CJO), sent 4 times a year

I would like to receive CJO in Digital Print Both

Preferred Language: English French



CANADIAN ASSOCIATION OF OPTOMETRISTS
ASSOCIATION CANADIENNE DES OPTOMÉTRISTES

You can withdraw your consent at any time by contacting CAO at info@opto.ca

PROVINCIAL ASSOCIATIONS - BECOME AN AFFILIATE

Provincial Associations work hard to be your voice of optometry in your province, advocating, and educating on your behalf. Students are encouraged to keep up to date with their province or provinces of interest and receive various membership benefits as affiliates:

AB	I want to learn more, and consent to be contacted by email to become an AAO Affiliate.
BC	I want to learn more, and consent to be contacted by email to become a BCAO Affiliate.
MB	I want to learn more, and consent to be contacted by email to become an MAO Affiliate.
NB	I want to learn more, and consent to be contacted by email to become an NBAO Affiliate.
NS	I want to learn more, and consent to be contacted by email to become an NSAO Affiliate.
NF	I want to learn more, and consent to be contacted by email to become an NFLAO Affiliate.
ON	I want to learn more, and consent to be contacted by email to become an OAO Affiliate.
SK	I want to learn more, and consent to be contacted by email to become a SAO Affiliate.

SIGNATURE

Signature of applicant:	Date:
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