

# Women of Vision Member Registration

When you register today you will be able to log-in to the member only areas using the log-in name *Member* and password *enter*. This password and user name will be changed after a short period of time and your official user name and password will be emailed to you.

**Please print clearly**

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Home street address: \_\_\_\_\_ Apt. \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Day phone: (     ) \_\_\_\_\_ Extension: \_\_\_\_\_

Evening phone: (     ) \_\_\_\_\_ Extension: \_\_\_\_\_

Email address: \_\_\_\_\_

***Fill out the following section if you are a student currently enrolled in school for optometry***

School Attending: \_\_\_\_\_

Expected graduation date: \_\_\_\_\_

***Fill out the following section if you are an optometrist practicing in the field***

Business address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Day phone: (     ) \_\_\_\_\_ Extension: \_\_\_\_\_

Evening phone: (     ) \_\_\_\_\_ Extension: \_\_\_\_\_

License Number: \_\_\_\_\_ Year graduated: \_\_\_\_\_

Degree from: \_\_\_\_\_

Name of practice: \_\_\_\_\_ Years in practice: \_\_\_\_\_

***Type of practice (please circle one)***

Solo/Group Practice, Commercial Practice, Joint Optometric/Ophthalmologic Practice, Veterans Administration, HMO, Public Health Service, Optometric Education/Administration

Check here if you do NOT want your name added to the online registry of members