Alberta Association of Optometrists
100, 8407 Argyll Road, Edmonton AB T6C 4B2

Resident Affiliate Declaration Form

I hereby declare to the Council of the Alberta Association of Optometrists (AAO) that per Section 5, Article 5 of the AAO's Bylaws and the Resident Affiliate Policy, that I am:

- Currently enrolled in an accredited residency program affiliated with an accredited educational institution; and
- Applying to become a Resident Affiliate of the AAO.

I also understand that:

- I am subject to any fees set by Council for a Resident Affiliate; and
- Upon completing my residency, which may be part way through the Association's calendar year, my AAO member dues will be pro-rated.

Full Name				
Signed at		**this**	**day of**	**20**
	(City/Province)	(day)	(month)	(year)
SIGNATURE				

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Resident Affiliate Declaration Form

Resident Affiliate Information

Date	
First Name	
Last Name	
Date of Birth	
Address	
City	
Province / Postal Code	
Phone Number	
Personal Email Address	

Educational Information

Name of Post-Secondary Institution received Doctor of Optometry Degree	
Post-Secondary Residency Institution (Name and address)	
Area of Specialization	
Residency Site(s) (Name and address)	
Expected Year of Graduation	
Residency Supervisor's Name / Email / Phone Number	