Alberta Association of Optometrists

MOVED OUT OF PROVINCE DECLARATION FORM 20___.

I hereby declare to the Council of the Alberta Association of Optometrists I will be moving out of the province of Alberta and thus will not engage in the practice of Optometry in Alberta after _____20_____.

My full name is: _____
(Please print)

Mailing Address: _____

_____

_____

Signed at _____ this_____ day of _____ 20 ____.

SIGNATURE: _____O.D.