Alberta Association of Optometrists

PART TIME MEMBER DECLARATION FORM

I hereby declare to the Council of the Alberta Association of Optometrists that

I am a part time practitioner and thus will:

(1) Limit the amount of my time devoted to the practice of optometry in Alberta to 75 days or less during the period January 1st, 2025, to December 31st, 2025.

(2) Maintain an up-to-date record of the hours I spend in the practice of optometry and to provide a copy of that record to Council upon request.

(3) Continue to pay the appropriate CAO membership levy as part of my provincial association fees.

Full Name: _____
(PLEASE PRINT)

I have practiced in Alberta since _____
(YEAR)

Signed at _____ this _____ day of _____2025.
(City) (day) (month)

SIGNATURE_____O.D.