



Please PRINT all information clearly if you are not filling out this form electronically. The College understands the importance of protecting personal information. The information contained on this form will be used by the College in carrying out its regulatory activities only; for the purpose of regulating the profession in the public interest. Please complete all sections below.

SURNAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

LICENCE NUMBER : LO \_\_\_\_: LCLP\_\_\_\_

EMAIL ID:

CELL/ PHONE:

SERVICE REQUEST                      RENEWAL                                      NEW APPLICATION                      REGISTRATION                      OTHERS

**CREDIT CARD INFORMATION AND AUTHORISATION**

CARDHOLDER NAME

CARD TYPE                      VISA                                      MASTERCARD

CREDIT CARD NUMBER

CARD EXPIRY DATE:    MM/YY

I \_\_\_\_\_ authorize the Saskatchewan College of Opticians to charge my above card card for the amount stated below

AMOUNT AUTHORISED TO BE CHARGED \$

CARDHOLDER SIGNATURE

DATE:

*Please note :The credit card information provided on this form will not be retained. The easiest and fastest way to pay your annual fee by credit card is by entering the information through Members hub . Kindly email this form to office@scoptic.ca*