



Tanzania Optometric Association

Membership Application Form



Tanzania Optometric Association

Membership Application Form

Notes to Application - Form A – GENERAL NOTES

(Detach these notes from the form for retention and your reference)

Tanzania Optometric Association (T.O.A) has been registered under the United Republic of Tanzania Societies Ordinance Act, 1954. Rule 5. On 15th April 1992 with registration certificate No. 7625. To serve as optometric profession association.

The mission of Tanzania Optometric Association is to represent, promote and advance the profession of optometry in Tanzania by creating an excellent profession environment that provides essence of success and comfort of optometric eye care services to the public. With its VISION of making sure Quality optometry care is delivered in the best environment

The Main Association objectives are:

- (a) To establish and maintain a closer fraternal bond among its members.
- (b) The improvement and conservation of human vision
- (c) The promotion and improvement for the public benefit of the Science and practice of Optometry.
- (d) The advancement for the public benefit of the study of and research into Optometry and related subjects and the publication of the results thereof.
- (e) The maintenance for the public benefit of the highest possible standard of professional competence and conduct.
- (f) To aid in the advancement, maintenance, and preservation of the legal standards of qualifications for the practice of the profession.
- (g) To maintain a benevolent fund for the benefit of its members.
- (h) To Co-operate with other recognized Optometrists Associations in other countries with similar objects and aims.
- (i) To establish fruitful co-operation with other Health Care professions within Tanzania

MEMBERSHIP AND PRIVILEGES

Full Membership:

Open to any person of good moral character registered to practice in Tanzania who holds degrees, diploma or certificate in Optometry or Ophthalmic Optics issued by recognized training institutions. Such members shall pay to the Association full subscriptions as may be prescribed from time to time and shall enjoy all the rights and privileges provided by the Association including the right to vote at the meeting of the Association and to be elected to office.

Associate Membership:

Open to any person possessing an Ophthalmic Dispensing Certificate from a recognized institution or any person whose activities are closely related to the profession of Optometry

Such member shall pay to the Association full subscription as may be prescribed from time to time by the Association and shall enjoy all the privileges of full members same and except the privilege of voting on any matter whatsoever concerning the affairs of the Association and that of being elected to any office of the Association.

Student Membership:

Open to those pursuing full time courses in Optometry or Ophthalmic Optics be it in Tanzania or abroad.

Such members shall pay to the Association such subscription which shall not exceed 25% of the member's fees and may on special invitation to that effect attend the regular meetings of the Association and participate in the discussions transacted, but shall have no right to vote on any matter whatsoever concerning the affairs of the Association and shall not hold any office of the Association

Honorary Membership:

Shall be extended to any person not qualifying for any of the foregoing categories who either has rendered outstanding service to the cause of Optometry or has attained a position of eminence in Optometric and allied Optical Sciences, or where inclusion is deemed desirable and or beneficial to the Association.

Honorary membership shall be extended on recommendation of a majority of the Executive Council and by a two third vote at any annual general meeting of the Association. Such members shall be exempted from payment of any subscription fees but may, at their own discretion, make a donation towards the advancement of the Association and other functions, and participate fully in discussions transacted and may upon the invitation to that effect attend the meeting of the Executive Council. Such a member however shall have no Voting rights at any meeting of the Association nor hold any office of the Association.

Fellowship of the Association:

Shall be conferred by the Association upon full members who have distinguished themselves in the field of Optometry, Eye Care, or human Welfare as to merit a special recognition and have taken further specialist qualifications.

OBLIGATION TO MEMBER:

Members are obligated to observe rules and regulation of the association, should in one way or another support in achieving and sustaining of the Objectives and aims of association.

Issued by:

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Application Form B - FULL MEMBERSHIP APPLICATION

Application in accordance with the constitution of TOA.

Annual Fee Tsh 50,000

Personal Details

(FILL IN BLOCK LETTER)

Title: Mr./Mrs./Ms./Dr./Prof./Other **Gender:** M/F **Date of birth**.....

Name: **Middle Name:** **Surname:**

P O Box: **District:** **Region**..... **Country**.....

Mob 1:..... **Mob2:**..... **Email:**

College/University **Award received** **Year of graduation:**.....

TOC Registration No: **(Full/Provision) Year of registration:**

Social Networking: WhatsApp/skype/ LinkedIn /Facebook/Other

Work details

Office name **Location**

Employer's name **Government/Private**

P O Box **District**..... **Region**..... **Country**.....

Work email: **web page:**

Area of Expertise: If Any:

Application Form C - Student MEMBERSHIP APPLICATION

Application in accordance with the constitution of TOA

Annual Fee Tsh 25,000

Personal Details

(FILL IN BLOCK LETTER)

Title: Mr./Mrs./Ms./Dr./Prof./Other **Gender:** M/F **Date of birth**.....

Name: **Middle Name:** **Surname:**

P O Box: **District:** **Region**..... **Country**.....

Mob 1:..... **Mob2:**..... **Email:**

Name of College/University attending:.....

Current level of education..... **Year of graduation**.....

Social Networking: WhatsApp/Skype/Facebook/Other

Student Leader Full Name: **Student Leader Signature:**

Issued by:



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PART 2 – FEE

An application should be made by sending the completed application form to “General Secretary and copy the treasurer of TOA”, with a payment to cover the application and membership fees. The application should be supported by any relevant certification, copies of qualifications, curriculum vitae (detailing work and educational background and any responsibilities held), letter from current or prospective employer, copies of visa and/or work permit (if applicant is not a Tanzanian or East African National) and any other documentation as may be demanded by the TOA EXCO. Fees should be paid by cash at the bank or crossed draft/cheque payable to the “Tanzania Optometric Association”. If registration cannot be granted, the membership fee will be returned.

BANK DETAILS:

Account Name:	Tanzania Optometric Association
Account No:	053101000753
Bank Name:	National Bank of Commerce (Tanzania)
Branch Name:	Mlimani City, Dar es Salaam
SWIFT Code / BIC:	NLCBTZTX

PART 3 - DECLARATION

I declare that the foregoing particulars are correct to the best of my knowledge and make application for Association Membership.

Signed: *Date:*

For office use only

<i>Date Application received</i>	<i>Received By</i>	<i>Application processed date</i>	<i>Membership granted (Yes / No)</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Fees:</i>	<i>Amount received</i>	<i>Initials</i>	<i>Date</i>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
			<i>Amount refunded (if applicable)</i>
			<input type="text"/>

Reason for Application Rejection:

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Signed by: **Date:** **Position:**