

## OAK MEMBERSHIP ENROLLMENT FORM

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REGISTRATION NO: 33720 SOCIETY ACT CAP 108 & SOC 59338; AFFILIATES TO WCO AND AFKO

**THE OPTOMETRISTS ASSOCIATION OF KENYA (OAK) ENROLMENT OF INDIVIDUAL MEMBERSHIP**

**NOTES TO APPLICANT**

1. The constitution of the OAK requires keeping register of optometrists, optician, associates, honorary members(s) and any other professionals under Article 3 of OAK constitution and by Laws, and set out qualifications for registration. These notes, and the applications form attached, relate to applications.
2. The application should be made by sending the completed form to VICE CHAIR OAK, with a payment to cover the application, search and registration fees, applications should be supported by relevant certification copies of qualification or any other documentations as may be demanded by OAK i.e. copies of work permit or visa (if applicant isn't from Kenya or East Africa).  
**Attach two colored passport photo size, National Identity Card copy, authentic school CERTIFICATE**
3. The registrations and enrolment rules may be obtained from the office of OAK (WHERE AND IF APPLICABLE), and they should be consulted on any doubtful point.

**ADDRESS**

4. The '*main address*' may be a working address or a private address, but must be one where the registered optometrist, optician or other professional or body can be reached by post, and from which letters will be forwarded to that person during any absence.
5. Under the Rules, all '*practice address*' must be included in the register. A '*practice address*' is an address at which the applicant will be or is providing optometry services.

**APPLICATION FORM**

**THE OPTOMETRIST ASSOCIATION OF KENYA (OAK) ENROLMENT OF INDIVIDUAL  
MEMBERSHIP**

Application in accordance with the constitution and by-Laws of OAK

<b>PART 1:</b>
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Give full names in **BLOCK LETTERS**,

(Mr. / Mrs./Dr./Miss /Ms. /OD or other.....)

Hereby apply for registration in one of the following registers (tick appropriately)

a. Optometrist

b. Optician

c. Associate members

c. Optometry student

e. Honorary members

**PART 2:**

**QUALIFICATIONS/TRAINING**

- A. ....
- B. ....
- C. ....
- D. ....(Any other)

**PART 3:**

**PARTICULARS OF APPLICANT**

- a. Nationality.....
- b. Date of birth.....
- c. Gender.....
- d. Postal Address.....
- e. Tel/fax number.....
- f. Email address.....
- g. Passing year of course.....
- h. Practice address[where you are currently based]

.....  
.....  
(Email/ Telephone/physical address)

**PART 4:**

**FEE**

- **FULL MEMBERSHIP**

Payment to cover application and registration fee of **29.54 USD**; plus annual subscriptions of **16.69 USD** not later than 31 st day of January as encrypted in the OAK constitution and by-laws under article 3;Membership.

- **HONARY MEBERSHIP**

Shall be granted upon one-time fee of **100 USD** as quoted in the OAK constitution and by-laws under article 3; Membership.

- **NON-EAST AFRICAN OPTOMETRIST**

Shall register with **98.28 USD** and annual subscription of **58.97 USD** as quoted in the OAK constitution by-laws under article 3; Membership.

- **ASSOCIATE MEMBERS**

Shall register with **58.97 USD** and annual subscription of **39.31 USD** as quoted in the OAK constitution and by-laws under Article 3; Membership.

**A\C NAME: OPTOMETRY ASSOCIATION OF KENYA**

**A\C NO: 1216573719**

**BRANCH: MOI AVENUE**

**PAYBILL NO : 522522**

**PART 5:**

**DECLARATION**

I declare the foregoing particulars are correct and I make application for registration and inclusion of qualification in the register, as indicated in parts 1, 2 and 3 of this form. Registration with OAK is a confirmation that the registrant's qualifications are recognized as entitling registration.

Signed.....

Date.....

OAK REGISTRATION FORM

**FOR OFFICIAL USE ONLY**

**EXECUTIVE/COMMITTEE HAS ALLOWED or NOT ALLOWED YOU AS A FULL MEMBER/ ASSOCIATE/ STUDENT/ HONORARY MEMBER OF OPTOMETRY ASSOCIATION OF KENYA.**

**(Reasons).....**  
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**MEMBERSHIP APPROVED AND REGISTRATION NO.....DATED.....AND YOU HAVE BEEN REGISTERED AS A BONAFIDE OPTOMETRIST UNDER OAK AS A FULL MEMBER/ PROVISIONAL MEMBERSHIP (TICK THE MOST APPROPRIATE):**

**[AS AN ASSOCIATE]                      [STUDENT]                      [AFFILIATE MEMBER]                      HONORARY MEMBER**

**CHAIRPERSON**

**SEC.GENERAL**

**TREASURER**

.....

.....

.....

**(Sign/name)**

**(Sign/name)**

**(Sign/name)**

**RECEIPT FOR PAYMENT**

If you require a receipt please enter your name in the appropriate space below, this tear off portion will then be returned to you, duly signed, stamped and dated, as an official receipt for payment.

**FULL NAME:** .....

**AMOUNT IN WORDS:** .....

**BEING PAYMENT OF:** .....

**Official only:** ..... **Date:** .....

**[Signed]**

**Official only:** ..... **Date:** .....

**[Signed]**