



International Optometric Honor Society  
**Beta Sigma Kappa**  
 Biblia Sunergoi Koinonia

**Central World Council  
 International Optometric Honor Society  
 Application for Student Membership**

**Please Print:**

Name \_\_\_\_\_  
First Name Middle Name Last Name

Present Address \_\_\_\_\_  
Address City State Zip Code

Telephone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Permanent Address \_\_\_\_\_  
Address City State Zip Code

Telephone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Name and Location of Undergraduate College \_\_\_\_\_  
 Years Attended \_\_\_\_\_ Degrees \_\_\_\_\_

Name of School or College of Optometry \_\_\_\_\_ Class of \_\_\_\_\_

List your memberships in optometric or other professional organizations \_\_\_\_\_

**PLEDGE**

*It is my sincere desire to become and remain a member of Beta Sigma Kappa International Honor Society, and to that end, I pledge that:*

I will uphold the dignity and honor of the profession of Optometry in all ways, at all times and in all places. With that worthy objective in mind, I will ever strive for perfection in my professional services and in my knowledge and understanding and will utilize the most modern techniques and instrumentation in my practice.

I will never knowingly cause or contribute to a delay in a patient securing other needed professional services than my own, but on the contrary in each patient I examine I will diligently seek ocular evidence of pathological conditions and will urge other Optometric treatment and advise when indicated.

I will never publicly or privately speak derogatorily or by work of act defame or belittle a colleague (a legally qualified Optometrist) or a member of any other profession unless required by an act of Law or Conscience to do so. I consider such conduct to be extremely unethical and therefore beneath me.

I will constantly strive to maintain the high standards required for membership in Beta Sigma Kappa International Honor Society and will abide by the By-Laws. Should my membership be terminated for any reason, I agree to return my membership certificate to Beta Sigma Kappa upon demand.

Signature \_\_\_\_\_ Date of Application \_\_\_\_\_

Include application fee of \$20 plus \$ \_\_\_\_ dues. Payment will be refunded promptly in the event the candidate is not elected membership. The answers contained in all questionnaires are verified by the Membership Committee. If a candidate desires the classification of Honor Student, eligibility must be attested to by the Dean and/or President of the College.

Mail to: Mira S. Aumiller, Executive Director  
 Beta Sigma Kappa  
 P.O. Box 1765  
 Voorhees, NJ 08043

<b>Beta Sigma Kappa Use Only</b>			
Applicant Proposed by _____			Chapter President _____
Dean/President _____	School Name _____		
Check date _____	Application Fee \$ _____	Dues \$ _____	Entered _____