



International Optometric Honor Society

# Beta Sigma Kappa

Biblia Sunergoi Koinonia

## Central World Council Application for Student Membership

Please print:

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

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

Permanent Email Address \_\_\_\_\_

Name & Location of Undergraduate College \_\_\_\_\_

Years Attended \_\_\_\_\_ Degrees \_\_\_\_\_

Name of College of Optometry \_\_\_\_\_ Class of \_\_\_\_\_

Print Name *EXACTLY* as you would like it to appear on certificate \_\_\_\_\_

### PLEDGE

*It is my sincere desire to become and remain a member of Beta Sigma Kappa International Honor Society, and to that end, I pedge 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 servies 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 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 conditional and will urge other Optometric treatment and advise when indicated.

I will never publicaly or privately speak derogatorily or by work of act defame or belittle a colleague (a legally qualified Optometrist) or a member of any profession unless required by an act of Law or Conscience to do so. I consider such conduct to be extremelyunethical 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 student dues of \$35.00. 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, OD, FAAO  
Executive Director  
P.O. Box 1765  
Voorhees, N.J. 08043