

JOURNEYMAN APPLICATION FORM FROM WEBSITE FEB 2023

- Name*

Title (Mr/Ms/Dr etc) First Last

Address*

Street Address Address Line 2 City

County / State / Region ZIP / Postal Code

Country

Other personal Info

Self-Identification (male/female/other) *

If other is selected please specify.

Email address*

Phone number *

Social Media Accounts

We don't need this, but it would be handy to have your handle or username to invite you to exclusive groups.

Please let us know how you got into the world of vision or sight loss, your job title and what stage you are at (max 200 words)*

The Journeyman category is open to people of all ages but is limited to people working in eye health or sight loss who are in the early stages of their career ie within 5 years of qualification. More experienced professionals in any walk of life are welcome to apply to become Freemen (see the membership page for details)

Please provide the name and phone number or email address of someone who works with you eg a supervisor or manager*

This is just so we can validate you as someone working in vision or sight loss.

How did you hear about us?*

Social Media/Friend or colleague/WCSM website/My employer/University or college/Another optical organisation

If more than one, choose the most important

Payment*

Price:

£30 one off fee gives you access to our Journeyman package for up to five years.

Credit Card

MM/YYCVC

Card Details Cardholder Name

Submit