



**Star Optical Limited**  
*The Smart Stop for Opticians in London*

## Membership Registration Form

Prof/Dr/Mr/Mrs/Ms \_\_\_\_\_

GMC/GOC Number \_\_\_\_\_

Practice Address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Invoice Address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email address \_\_\_\_\_

Contact Number \_\_\_\_\_

Membership Pack received: Yes/No  
Terms & Conditions received: Yes/No  
Add to WhatsApp group: Yes/No

I hereby confirm joining Star Optical Membership Club for a period of 12 months at the agreed sum of £499.00 +VAT (additional practices are charged at £75+VAT per practice)

Signature \_\_\_\_\_

Date \_\_\_\_\_