



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 _____