



Asia-Pacific Academy of Ophthalmology

NATIONAL SOCIETY MEMBERSHIP APPLICATION FORM

I. Organization Particulars

Name of Society: _____

Office Address: _____

Country/Tariff: _____ Website: _____

President: _____ Email: _____

Secretary-General: _____ Email: _____

Treasurer: _____ Email: _____

Number of Members: _____

Number of International Members: _____

Number of Ophthalmologists: _____

Contact Person Information:

Family Name: _____ First Name: _____

Position: _____

Tel No.: _____ Fax No.: _____

Email: _____

II. Criteria for National Society Membership*

- The applicant is the **only** national society of ophthalmology representative of its nation in the Asia-Pacific region. **If not, please provide the name(s) of the other society(-ies) below:**
- _____
- The applicant is recognized as of good standing with proper society/company registration.
(Please attach a copy of the official Registration Certificate **AND** the Constitution **OR** Memorandum and Articles, whichever is applicable.)
- The applicant consists of at least 5 Council Members.
- The applicant has a proper process to elect and/or appoint Council Members/Office Bearers.
(Please also attach the By-Laws if the election/appointment process is not listed in the Constitution or Memorandum and Articles.)

III. Major Activities

- Academic Meeting
Please specify: _____
- Certifying and qualifying examinations
- Training Courses for Specialists
- Research and Investigation of Eye Diseases
- Publications
Please specify: _____
- Prevention of Blindness Campaigns
- Others
Please specify: _____



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IV. Nomination of a Regional Secretary in the APAO Council[†]

Family Name: _____ First Name: _____
Title: Prof. / Dr. _____ Nationality: _____
Professional
Qualification(s): _____
Position: _____
Address: _____
Tel No.: _____ Fax No.: _____
Email: _____

We understand the APAO council has the final decision in the approval of this application and may consider our society as an associate member if full membership is denied. We also agree to abide by the Memorandum and Articles and By-laws of the Asia-Pacific Academy of Ophthalmology upon acceptance of our application by the APAO Council.

Signature: _____ Date: _____
(Position) _____

* An annual membership fee will be collected on a biennially basis upon successful application.

[†] Upon successful application, the recommended Regional Secretary will serve as Councilor of the APAO from the conclusion of APAO 2020 Congress for a remaining term of 4 years. To change your Regional Secretary in the APAO Council, please write to the APAO Central Secretariat at least 2 weeks before the next Council Meeting.