



# Asia-Pacific Academy of Ophthalmology

## SUBSPECIALTY SOCIETY MEMBERSHIP APPLICATION FORM

### I. Organization Particulars

Name of Society: \_\_\_\_\_

Office Address: \_\_\_\_\_

Secretariat Location: \_\_\_\_\_ 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 Subspecialty Society Membership\*

- The applicant is a major subspecialty society in the Asia-Pacific region 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 representing at least 5 member nations and/or territories of the APAO;
- 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 Representative in the APAO Council<sup>†</sup>

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. 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.

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