



# Asia-Pacific Academy of Ophthalmology

## NATIONAL SOCIETY MEMBERSHIP APPLICATION FORM

\*\*Please fill out the form by typing. Handwriting is only accepted for signature.

### I. Organization Particulars

Name of Society: \_\_\_\_\_  
Office Address: \_\_\_\_\_  
Country/Tariff Region: \_\_\_\_\_  
Website: \_\_\_\_\_  
Number of Members: (Total) \_\_\_\_\_ (International) \_\_\_\_\_ (Ophthalmologists) \_\_\_\_\_

#### **Office Bearers**

##### President

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Title: Prof. / Dr. \_\_\_\_\_ Email: \_\_\_\_\_

##### Secretary-General

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Title: Prof. / Dr. \_\_\_\_\_ Email: \_\_\_\_\_

##### Treasurer

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Title: Prof. / Dr. \_\_\_\_\_ Email: \_\_\_\_\_

#### **Contact Person**

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Title: Prof. / Dr. \_\_\_\_\_ 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.)



## Asia-Pacific Academy of Ophthalmology

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### III. Major Activities

- Academic Meetings  
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: \_\_\_\_\_

### IV. Nomination of a Regional Secretary on 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 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 biennial basis upon successful application.

<sup>†</sup> Upon successful application, the recommended Regional Secretary will serve as a Councilor of the APAO from the conclusion of the current Congress for the remainder of the 4-year term. To change your Regional Secretary on the APAO Council, please write to the APAO Central Secretariat at least 2 weeks before the next Council Meeting.