



Asia-Pacific Academy of Ophthalmology

SUBSPECIALTY 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: _____
Secretariat Location: _____
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 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.)



Asia-Pacific Academy of Ophthalmology

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 Representative on 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. 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.

[†] Upon successful application, the recommended representative 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 representative on the APAO Council, please write to the APAO Central Secretariat at least 2 weeks before the next Council Meeting.