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: _____________________________________________
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.