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†

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<th>Family Name:</th>
<th>First Name:</th>
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<td>Title:</td>
<td>Prof. / Dr.</td>
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<td>Nationality:</td>
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<td>Professional Qualification(s):</td>
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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 starting after the APAO Tokyo congress 2014 for a remaining term of 3 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.