

## APACRS MEMBERSHIP INFORMATION

Full APACRS membership is offered to qualified ophthalmologists in the Asia-Pacific region and must be approved by the Board of Officers. Those who do not qualify for full membership may be admitted as Associate Members.

### CATEGORIES

Ordinary Member  
Associate Member

### SUBSCRIPTION FEE

US\$ 100 per annum (min. 2 years)  
US\$ 50 for 3 years

### Ordinary membership includes the following benefits:

1. Reduced registration fees at APACRS congresses
2. Free subscription to APACRS EyeWorld Asia-Pacific
3. Access to Members Only area on the APACRS Website
4. Membership application subject to approval by Board of Officers
5. Membership Certificate upon approval by the Board of Officers
6. With voting right

### Associate membership includes the following benefits:

1. Reduced registration fees for 1 APACRS Annual congress for the 3 year membership period
2. Free subscription to APACRS EyeWorld Asia-Pacific
3. Access to Members Only area on the APACRS Website
4. Membership Certificate upon approval by the Board of Officers
5. No voting right

# APACRS MEMBERSHIP APPLICATION

(To be filled up in CAPITAL letters only)



Name: \_\_\_\_\_

Position: \_\_\_\_\_

Institution/Dept: \_\_\_\_\_

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

\_\_\_\_\_ Country \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Medical School: \_\_\_\_\_

Residency: \_\_\_\_\_ Year Completed \_\_\_\_\_

Ophthalmic Training \_\_\_\_\_

Highest Qualification: \_\_\_\_\_ Year: \_\_\_\_\_

Years in Ophthalmic Practice: \_\_\_\_\_

Subspecialty Interest: \_\_\_\_\_

## EXPERIENCE IN INTRAOCULAR IMPLANTS AND REFRACTIVE SURGERY

Have you performed intraocular implant surgery? Yes/No If Yes, estimated no. of operations: \_\_\_\_\_  
Have you performed Refractive Surgery? Yes/No If Yes, estimated no. of operations: \_\_\_\_\_

Membership in this Association is subject to approval by the APACRS Board of Officers

## TYPE OF MEMBERSHIP

- |                          |                  |                                      |
|--------------------------|------------------|--------------------------------------|
| <input type="checkbox"/> | Ordinary Member  | US\$ 100 per annum (Minimum 2 years) |
| <input type="checkbox"/> | Associate Member | US\$ 50 for 3 years                  |

## PAYMENT

Please select one:  American Express  Master Card  Visa

Card Number:  -  -  -  CVV/CSC/CID: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ Expiry Date:  /  month/year

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## APACRS SECRETARIAT

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