

- ASSOCIATE MEMBERSHIP APPLICATION -

	Please provide a photo
Personal Information	of yourself
Preferred Title:	(headshot/passport style): □
First name(s):	
Surname(s):	
Gender: Male Female Date of Birth:	
Day month year	
Native Language:	
Postal address and contact details:	/ _
Street number and name or post office box:	
City: State:	
Postal code: Country:	
Tel: (country code)	
Mobile: (country code)	
Email 1: Email 2:	
Skype Address:	
Skype / tudi ess.	
Professional Information	
riolessional information	
Occupation Category:	
☐ Private Practice ☐ Company	
☐ Other Please specify	
Puriners Name	
Business Name:	
Name of Department:	
Your position/job title:	
Qualification:	
☐ Optometrist ☐ Ophthalmologist ☐ Optician ☐ Contactologist	
☐ Other please specify	
Utilet please specify	
Discoulds and the second of th	A-9 t t t t t t
☐ I provide contact lens education but am NOT affiliated with a recognised teaching institution. Provide de	tails on where and now you teach
or leave blank and move to the next question:	
$\ \square$ Currently I do NOT provide contact lens education but contribute to the contact lens industry	in the following ways:



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If you have delivered contact lens education in the past please provide details such as name and type of organization, hours taught and frequency, and locations (countries). List from most recent to past: Please provide details of your education, including degrees awarded from a recognized institution: What do you wish to gain by joining IACLE? Declaration from the head of organization/department confirming your involvement in contact lens education/industry _____of ____ hereby confirm that the applicant named ______ is contributing to the contact lens industry by _____ . I therefore recommend them for 'Associate' membership. Yours truly, Signature: _____ Email: _____ IACLE's copyright acknowledge concerning the resources we provide you access to I hereby acknowledge that the copyright relating to all IACLE resources is owned and retained by IACLE. I undertake to ensure that all IACLE educational resources, including but not limited to the IACLE Contact Lens Course (ICLC), Case Reports, Image Collection and Video Library will be used only by me, my colleagues, or students under my direct supervision. I further undertake to ensure that these materials will not be used outside my institution/company or its educational programs, by colleagues, students, or I without written permission from IACLE. I accept that any unauthorized copying, editing, and/or selling of these educational resources or any part(s) thereof, is strictly prohibited and any infringement of IACLE's copyright may result in legal action by IACLE against the offending party/parties. _____Signature: _____ Date:



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Approval and Payment

Membership fees are listed on our website under the Membership menu 'fees and applications'

Once your application to join has been approved to finalise your application you will need to pay the annual membership fee. If you are unable to make payment through ecommerce, alternative payment options are listed on our website.

IACLE will issue you with a receipt and membership paperwork once payment is received.

Please send your inquiries to your designated IACLE office or iacle@iacle.org.

Submission of Application

Asia-Pacific (excluding China, India and Korea): Nick iacleadmin.ap@gmail.com

India: Kavitha k.jayanna@iacle.org

China: Cuiying china iacle@yahoo.cn

Korea: Kyoung Hee rgp0104@hanmail.net

Central / South America: Carmen <u>iacle.latinamerica.office@gmail.com</u>

North America: Siobhan s.allen@iacle.org

Europe/Africa/Middle East (EAME): Siobhan s.allen@iacle.org