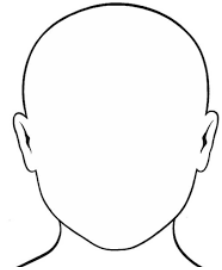


- EDUCATOR MEMBERSHIP APPLICATION -

Please provide a photo of yourself (headshot/passport style):



Personal Information

Preferred Title: Prof Dr Mr Mrs Ms Miss

Given 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: (including country code) _____ Mobile No.: _____

Email 1: _____ Email 2: _____

Skype Address: _____

Professional Information

Name of Institution: _____

Name of Department: _____

Your position/job title: _____

Qualification:

Optometrist Ophthalmologist Optician Contactologist

Other, please specify _____

Indicate the frequency with which you provide contact lens education?

Full-time. Hours per week: _____

Part-time. Hours per month: _____

If you do not provide contact lens education at a recognized institution you are not eligible for 'Educator Membership' but may be eligible for 'Associate Membership'. Please see our website for details.

Please attach a full description of the contact lens courses offered at your institution: done (tick)

Please attach a photo of yourself (headshot/passport style): done (tick)

Teachers of contact lens education:

Please provide details of the contact lens education that you provide currently as well as in the past, including the name and type of organization, hours taught and frequency, as well as location (country).

1. _____
2. _____
3. _____
4. _____



- EDUCATOR MEMBERSHIP APPLICATION -

Contact Lens Curriculum:

Please indicate how IACLE can help you and your institution improve your contact lens curriculum

What do you wish to gain by joining IACLE?

Declaration from the Head of your institution

I, _____ of _____ hereby confirm that the applicant named _____ is a full time/part time (circle one) teacher at _____ fulfilling _____ number of teaching hours per _____. I therefore recommend them for 'Educator' membership.

Yours truly,
Signature: _____ Email: _____
Date: _____

IACLE's copyright acknowledge concerning the resources we provide you access to

I hereby acknowledge that the copyright pertaining 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. Should I leave my current institution, I agree to leave all IACLE supplied educational resources in the IACLE Resource Center of my current teaching institution.

Name: _____
Signature: _____
Date: _____

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.



- EDUCATOR MEMBERSHIP APPLICATION -

Submit Application

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

India office: Kavitha k.jayanna@iacle.org

China office: Cuiying china_iacle@yahoo.cn

Korea office: Kyounghee rgp0104@hanmail.net

Central / South America office: Carmen carmen.carrillo@infonegocio.net.pe

North America: Siobhan s.allen@iacle.org

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