





- ASSOCIATE MEMBERSHIP APPLICATION -

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:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

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 your organization / department**

I, \_\_\_\_\_ 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: \_\_\_\_\_

Date: \_\_\_\_\_

**Membership agreement**

I acknowledge that the copyright pertaining to all IACLE programs and resources is owned and retained by IACLE. I agree to undertake to ensure that all IACLE resources, including but not limited to the IACLE Contact Lens Course (ICLC), Case Reports, Image Collections and Flash Cards will be used only by me and my students under my direct supervision. I further undertake to ensure that IACLE's programs and resources will not be used outside of my institution/company or by colleagues without written permission from IACLE. I accept that any unauthorized copying, editing, and/or selling of these educational programs/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.

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Approval and payment

Membership fees are listed on our website under the Membership menu. Please familiarize yourself with IACLE's [terms and conditions of membership](#).

IACLE will contact you and inform you if your application has been approved and explain how to pay the yearly fee.

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](mailto:iacle@iacle.org).

### Submit application

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

**India:** Kavitha [k.jayanna@iacle.org](mailto:k.jayanna@iacle.org)

**China:** Cuiying [china\\_iacle@yahoo.cn](mailto:china_iacle@yahoo.cn)

**Korea:** Kyounghee [rgp0104@hanmail.net](mailto:rgp0104@hanmail.net)

**Central / South America:** Carmen [iacle.latinamerica.office@gmail.com](mailto:iacle.latinamerica.office@gmail.com)

**North America:** Kavitha [k.jayanna@iacle.org](mailto:k.jayanna@iacle.org)

**Europe/Africa/Middle East (EAME):** Kavitha [k.jayanna@iacle.org](mailto:k.jayanna@iacle.org)

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