

- EDUCATOR MEMBERSHIP APPLICATION -

Personal information			
Preferred Title:	∕lr □Mrs □Ms	□ Miss	(please tick one)
Given first name(s):			
Surname(s):			_
Gender: ☐ Male ☐ Female	Date of birth:		
		day	month year
Native language:			<u> </u>
Postal address and contact details:			
	ce box:		
City:			
Postal code:			
		Mobile No.:	
			il 2:
Skype Address:			
Professional information			
Name of Institution (workplace):			
Name of Department:			
Your position title / job title:			
Qualification:			
☐ Optometrist ☐ Ophthalmologis	st 🗆 Optician	☐ Conta	ctologist
☐ Other, please specify			
Indicate the frequency with which yo	ou provide contact l	ons oduca	tion?
marcate the frequency with which yo	ou provide contact i	ens educa	idon:
☐ Full-time. Hours per week:		Part-time. H	lours per month:
	_	itution you	are not eligible for 'Educator Membership' but may be eligible
for 'Associate Membership'. Please see o	ur website for details.		
Please attach a full description of the	e contact lens course	es offered	at your institution: done
Please attach with your application a			
- Tourist and the second secon	, photo of yourself (, passport 201, 101, 101, 101, 101, 101, 101, 101,
Teachers of contact lens education:			
Please provide details of the contact	ens education that	you currer	ntly provide, as well as in the past, including the name and
type of organization, hours taught an	d frequency, as well	as locatio	n (country).
2.			



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Contact Lens Curriculum:		
Please indicate how IACLE can help you and your in	nstitution improve your contact lens curri	culum
What do you wish to gain by joining IACLE?		
What do you wish to gain by joining Mete.		
Declaration from the Head of your institution		
l,	of	
hereby confirm that the applicant named		
(tick one) teacher at	fulfilling	number of teaching hours
per week \square or month $\square.$ I therefore recommend the	em for 'Educator' membership.	
Yours truly,		
Signature:	Email:	
Date:		
Date.		
Membership agreement		
Wembership agreement		
I acknowledge that the copyright pertaining to all I	ACLE programs and resources is owned as	nd retained by IACLE I agree to
undertake to ensure that all IACLE resources, inclu		·
Reports, Image Collections and Flash Cards will be	_	
I further undertake to ensure that IACLE's program		
colleagues without written permission from IACLE.		,,,,
I accept that any unauthorized copying, editing, an		is/resources or any part(s)
thereof, is strictly prohibited and any infringement		
offending party/parties.		,
Name:		
Signature:	Date:	<u></u>
Approval and payment		
A MARKAUAL AND MANUSANT		

Membership fees are listed on our website under the Membership menu. Please familiarize yourself with IACLE's <u>terms</u> 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.



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Submit application

Asia Pacific (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): Siobhan s.allen@iacle.org

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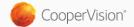
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iacle@iacle.org