

Personal information

Preferred Title: Prof Dr Mr Mrs Ms Miss (please tick one)

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

Email 1: _____ Email 2: _____

Skype Address: _____

Professional information

Name of Institution (workplace): _____

Name of Department: _____

Your position title / 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

Please attach with your application a photo of yourself (headshot/passport style): done

Teachers of contact lens education:

Please provide details of the contact lens education that you currently provide, 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
(tick one) teacher at _____ fulfilling _____ number of teaching hours
per week or month . I therefore recommend them for 'Educator' 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.

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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