**APCO Affiliate Membership Application Form\***

**(In block letters)**

|  |  |
| --- | --- |
| **Name of Member Association:** |  |
| **President:** |  |
| **Secretary:** | Name: |
| Email: |
| **Contact person:**  (if different from above) |  |
|  |
|  |
| **Address:** |  |
| **Website:** |  |
| **Email address:** |  |
| **Telephone:** |  |
| **Fax:** |  |

Total number of members in your organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
(Please provide a list of members)

**Term of Office (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you a member of any other Optometric Association? Yes or No ­­­\_\_\_\_\_\_\_\_\_\_\_\_**

**If yes, please put down name(s) of the association below and number of years your organization has been a member**

**1. Name of Organization - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
2. Number of Years\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\* Accompanying documents**:

 Constitution of your organization (If this is not in English, please submit the original together with a copy of the translated English version)

 Membership list (if applicable)

 Executive Committee list (if applicable)

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

**Please return this completed form together with a copy of the Constitution and list of names and position of the Officers of your Association to APCO Secretariat.**

Email: secretariat@asiapacificoptometry.org

**Mission of Asia Pacific Council of Optometry**

**The mission of the Asia Pacific Council of Optometry is to facilitate the enhancement and development of primary eye and vision care by optometrists in the Asia and Pacific region.**

**I, Name , President of (name of organization) endorse and promise to promote the MISSION OF ASIA PACIFIC COUNCIL OF OPTOMETRY (APCO)**

**Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Affiliate Membership Application**

Criteria for Affiliate Membership

* Organizations and institutions that represent special optometric interests, including Schools and Colleges of Optometry
* Must have a written constitution or governing document (in English)
* Must endorse APCO’s mission

Please complete and email this form and accompanying documents# to APCO Secretariat at [secretariat@asiapacificoptometry.org](mailto:secretariat@asiapacificoptometry.org). Confirmation of membership will be sent to you pending final approval at the general meeting of the Council.