



Asia Pacific Council of Optometry

Office of the Secretary, School of Optometry, The Hong Kong Polytechnic University, Hunghom, Kowloon
Tel: (852) 2766 6098 Fax: (852) 2764 7612 Email: carly.lam@polyu.edu.hk
Website: <http://www.asiapacificoptometry.org>

Membership Application

Please complete the form for membership of the Asia Pacific Council of Optometry. Confirmation of membership will be made upon approval by the Executive Committee.

Type of Application: (Please put a tick at the appropriate box.)

Ordinary Member

Affiliate Member

(In block letters)

Organization Name:	
President:	
General Secretary:	
Address:	
Website:	
Telephone:	
Fax:	
Email address:	

MEMBERSHIP INFORMATION:

Total number of members in your organization:	
Total number of optometrists in your country:	
Total number of optometric outlets in your country:	

CONSTITUTION:

Please enclose a copy of your organization's constitution.

AGREEMENT TO ENDORSE THE MISSION OF APCO:

I agree to endorse the mission of APCO.

Name			
Position:			
Signature:		Date:	

Please kindly email back the application form with your organization's constitution.