**APCO Ordinary 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:** |  |

**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

 Executive Committee list (please attach Executive Committee Form)

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

***\*Please provide us with an update whenever there is change in the Contact Person***

**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.**

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