Membership Application

Please fill in the information below and send this application, along with a copy of your Society’s Articles of Incorporation, Statutes, Constitution or Bylaws, to:

Jennifer Hanes, Membership and Society Relations Manager
711 Van Ness Ave., Suite 500
San Francisco, California 94102
United States of America

Or by email to jhanes@icoph.org

Or by fax to +1 415 521 1649

Please type or print clearly. Thank you for your interest in joining the ICO.

1. Name of the Society:

2. Nature and Focus of the Society:

Is your Society primarily?

___ National (focused mainly within one country)
___ International or supranational (focused on many countries, e.g., European)

Do you have a substantial international membership (i.e., members from various countries)?

___ Yes   ___ No

Do you offer regular meetings that attract participants from many countries?

___ Yes   ___ No   If so, how often:

Is your society a not-for-profit organization with a governing board that meets periodically?

___ Yes   ___ No

Do you have regular, periodic election of officers by members?

___ Yes   ___ No   If so, how often:

Do you have Articles of Incorporation, Statutes, Bylaws, Rules or Regulations that govern how you operate?
___ Yes    ___ No    (If yes, please send with your application.)

If your society is focused on a single subspecialty or special interest, please select the appropriate category or categories:

___ Cataract and Lens
___ Cornea and External Disease
___ Glaucoma
___ Low Vision and Visual Rehabilitation
___ Neuro-ophthalmology
___ Ophthalmic Pathology and Oncology
___ Ophthalmic Plastic and Reconstructive Surgery, Orbit and Adnexae
___ Optics, Refraction and Contact Lens
___ Pediatric Ophthalmology, Strabismus and Genetics
___ Refractive Surgery
___ Retina and Vitreous
___ Uveitis and Immunology
___ Preservation of Vision/Prevention of Blindness
___ Other (e.g., research, education)

Please specify:

Number of members:

Annual dues charged per member:

Annual budget:

3. Society Address

Address:

City:

State, province or district:

Postal Code:

Nation:

Telephone (include city and country codes):

Alternative telephone (include city and country codes):

Fax (include city and country codes):

Email address:

Web site:

4. Society Leadership
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President:
   Email address:

Treasurer:
   Email address:

Secretary General, Chief Executive or Administrator (name and title):
   Email address:

5. Signature, Date and Contact Person

Signature:

Name (please print):

Date:

Person to contact regarding ICO membership application:
   Email address:
   Telephone: