



INTERNATIONAL
ORTHOPTIC
ASSOCIATION

Application Form for Associate Membership - Open to Ophthalmologists -

Ophthalmologists seeking Associate Membership of the International Orthoptic Association (IOA) are requested to complete this form in typescript and send it to the Chairman of the Membership Committee:

Daisy Godts
Chairman Membership Committee
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Tel: +32 38 21 48 45
Fax: +32 38 25 19 26
E-mail: daisy.godts@uza.be

1. Family name:

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2. Given name:

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Title:.....

3. Education:

a) University:

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Date:

b) Area of speciality:

Date:.....

4. Full address:

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Telephone: Work:

Home:

Fax:

Email:

Date:

Signature: