

Application Form – Affiliation



INTERNATIONAL
ORTHOPTIC
ASSOCIATION

Persons seeking affiliation with the International Orthoptic Association (IOA) are requested to complete this application form in full.

All questions should be answered in English and must be typed.

1. Date form completed:
2. Family name:
3. Given name: Title:
4. Qualification (CV): a) University: Date: b) Other qualification: Date: c) Referee 1 (suitable local referee): d) Referee 2 (IOA member):
5. Full address: Work Telephone: Home Telephone: Fax Number: E-mail address:
6. I would like to become an affiliate member of the IOA because (please state reason):

Signature of Applicant

Date

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Please submit completed application to:

**Daisy Godts, Chairman of IOA Membership
Committee**

**Antwerp University Hospital, Dept. of
Ophthalmology**

Wilrijkstraat 10

B 2650 Edegem, BELGIUM