

# Application Form – Associate Membership (Ophthalmologists)



INTERNATIONAL  
ORTHOPTIC  
ASSOCIATION

Ophthalmologists seeking Associate Membership 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. Education: a) University: Date: b) Area of speciality: Date:
5. Full address:  Work Telephone: Home Telephone: Fax Number: E-mail address:

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Signature of Applicant

Date

**Please submit completed application to:**

**Daisy Godts, Chairman of IOA Membership Committee  
Antwerp University Hospital, Dept. of Ophthalmology  
Wilrijkstraat 10  
B 2650 Edegem, BELGIUM**