



ASIA-PACIFIC VITREO-RETINA SOCIETY (APVRS)

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MEMBERSHIP APPLICATION FORM

I. Personal Particulars

Family Name: _____ First Name: _____
Title: Prof. Dr. Mr. Ms. Miss Nationality: _____
Professional Qualification(s): _____
Position: _____
Institution: _____
Address: _____
Tel No.: _____ Fax No.: _____
Mobile No.: _____
Email: _____

II. Criteria for APVRS Membership (please attach copies of certificates/papers for review)

- Holder of a medical degree;
- Completed vitreo-retina fellowship of at least 1 year duration;
- At least 2 years of experience after vitreo-retina fellowship and current workload comprise of at least 30% of time devoted to the management of posterior segment diseases;
- Published at least 2 papers in peer-reviewed journals. The authorship can be co-author without any time limit; and
- Recommendation by 2 members of APVRS.

III. Declaration

I have fulfilled the above criteria and am recommended by 2 members: 1. _____
2. _____

I wish to apply for a Fellow membership of the Society. (Membership fee will be payable upon approval of the application. Membership starts from 1st January following the year of application)

- Entrance Fee: US\$25
- Annual Membership: US\$25
- Life Membership: US\$200 (entrance fee waived)

I agree to abide by the Society's Constitution and By-laws upon acceptance of my application by the Council of the Society.

Signature: _____ Date: _____

For official use:

Check No.: _____ Membership No.: _____
Handled By: _____ Date: _____

**Please circle as appropriate*