

MEMBERSHIP APPLICATION INDIVIDUAL ASSOCIATE MEMBER

Your membership in EAOO is an opportunity to help us facilitate the changing face of optometry and optics in Europe by engaging, educating, inspiring and motivating educators, students, researchers and practitioners to achieve the highest level of professional competence and provide the best eye care to their patients.

The "Individual Associate Member" category is open to individuals who are an optometrist, optician, educator or researcher working in the field of optometry and optics joining via their National Association. Please note that individual associate members are not entitled to: Vote at Academy AGM, Elect or be Elected to the Board of Trustees or use the Academy Logo.

In order to process your membership application, we kindly ask you to fill in the form below.

PERSONAL DETAIL	_S						
First Name(s):							
Family Name:							
Title:	of 🔲	Dr 🗌 Mr	□Mrs	s	□Ms	Other	
Nationality:				-	□Male	□Femal	е
CONTACT INFORM	ATION (Ho	me)					
Address:							
Postcode:				Country:			
Telephone:				Mobile:			
Email:							
Twitter @)						
CONTACT INFORM	ATION (Wo	ork)					
Organisation Name:							
Address:	_						
Postcode:				Country:			
Telephone:				Email:			
PROFESSIONAL							
Please confirm pro	fession:						
•	Optician	□Educati		☐Vision Scientis	_	esearcher	Other
Would you like to sign up to a Special Interest Group (please tick all that apply):							
☐ Binocular Vision	Binocular Vision			es & Refractive Tech	nnology	☐ Education	
☐ Low Vision		☐ Optics (Le	enses & Desi	gn)		☐ Primary Eye Care	

MEMBER DIRECTORY							
Would you like to be added to our online member directory?							
☐ Yes ☐ No							
This directory is only visible in the password protected members' area of our website and you can remove or amend your details at any time. Data will be processed and shared in accordance with the EAOO's data protection policies and practices.							
COMMUNICATIONS							
In addition to information that is relevant to EAOO administration, governance, strategic direction and other important updates that relate to membership services, the EAOO regularly sends members the following communications. Would you like to receive any of these updates? (please tick all that apply):							
☐ General EAOO newsletter ☐ Press releases ☐ Marketing and promotions							
You may update your preferences at any time by sending an e-mail to admin@eaoo.info.							
DECLARATION							
I hereby apply for Individual Associate Membership of the European Academy of Optometry and Optics (herein after called "The Academy") I agree to subscribe to the following conditions and principles whilst I am a Member of the Academy: 1. To adhere to conditions of Membership as set out in Memorandum and Articles of Association & Bylaws 2. To recognise that Academy membership is not transferable to any other person 3. To pay an annual subscription set by the Academy.							
Signature:Dated:							
Did anyone recommend you to the Academy? If so who?							
PAYMENT DETAILS							
Academy Membership special fee agreed in association with [name of association] € 50.00 Fee Payable to [name of association]							
Membership is valid from 1 st January to 31 st December each year.							
Please Complete and Return this Application Form to:							
Contact person from national association							
PRIVACY STATEMENT							

The information you provide in this form will be used to process your EAOO membership. You may consult the <u>EAOO's Data Privacy Policy</u>, and contact

us at any time at admin@eaoo.info if you wish to update your preferences or if you have any queries about our Privacy Policy.