



ASIA-PACIFIC MYOPIA SOCIETY (APMS)

c/o Dennis Lam & Partners Eye Center

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MEMBERSHIP APPLICATION FORM

(Both admission and life membership fees would be waived during the membership drive period (Dec 2023 to Jan 2024))

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:	_____		

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

☐ Admission Fee: USD50 and Annual Membership: USD30

☐ Life Membership (Admission Fee included): USD200

*For members from countries/territories with GDP per capita ranked 51 or below (ranked by the International Monetary Fund)

*As a token of appreciation, membership fees of all permanent members will be 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: _____