**Asia Pacific Council of Optometry**

 **Ordinary/Affiliate Member**

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| --- | --- |
| **Name of Association:** |  |
| **Address:** |  |
| **Telephone:**  | **Website:**  |
| **Contact person:**  |  |
| **Email address:** |  |
| **Telephone:** |  |

**Officers of Executive Committee**

**Term of Office**

**From: \_\_\_\_\_\_\_\_ (Month) \_\_\_\_\_\_\_\_ (Year) To: \_\_\_\_\_\_\_\_ (Month) \_\_\_\_\_\_\_ (Year)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Position** | **Email Address** | **Telephone** |
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|  |  |  |  |

Number of non-officer Executive Committee members\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Please insert names and email addresses below