



# ASIA-PACIFIC VITREO-RETINA SOCIETY (APVRS)

c/o Dennis Lam & Partners Eye Center

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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 January 1<sup>st</sup> following the year of application.)

- Entrance Fee: USD50 and Annual Membership: USD30
- Life Membership (Entrance Fee included): USD250\*

\*For members from countries/territories with GDP per capita ranked 51 or below (ranked by the International Monetary Fund), Life Membership may be paid in 2 installments over 2 years: USD150 in 1<sup>st</sup> year, USD100 in 2<sup>nd</sup> year).

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: \_\_\_\_\_

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