



WCO'S CONCEPT OF OPTOMETRY

Optometry is a healthcare profession that is autonomous, educated, and regulated (licensed/registered), and optometrists are the primary healthcare practitioners of the eye and visual system who provide comprehensive eye and vision care, which includes refraction and dispensing, detection/diagnosis and management of disease in the eye, and the rehabilitation of conditions of the visual system

ASSOCIATE MEMBERSHIP APPLICATION

Criteria for Associate Membership

- Organisations which represent optometrists in a country, or a state with national significance
- The organisation must have a written constitution or governing document
- The organisation must endorse the WCO Concept of Optometry
- The organisation must, within three years of being admitted to WCO membership, become a member of its regional organisation

Please email this form and accompanying documents to Executive Administrator at

enquiries@worldoptometry.org

World Council of Optometry
42 Craven Street
London WC2N 5NG
United Kingdom

Organization Name: _____

Mailing Address: _____

Name / Title of current President: _____

Name/Title of person completing this form: _____

Telephone: _____ Fax: _____

E-mail address: _____

Please confirm whether you are a Member of the Optometric organisation for your Region

Name of Regional Organisation _____

We are a member of this regional organisation: YES ____ NO ____

MEMBERSHIP INFORMATION:

Total number of members in your organization: _____

Total number of optometrists in your country: _____

Total number of optometric outlets in your country: _____

Please describe your members: _____

Have you applied for membership before? YES: ____ NO ____

PUBLICATION INFORMATION

Do you produce any publications: YES: ____ NO ____

If yes, please insert their titles _____

Please provide the editor's name and email address: _____

EDUCATIONAL INFORMATION

Does your organization provide any education, for example conferences or courses?

YES: ____ NO ____

If yes, please provide a brief description of your organisation's provision _____

CONSTITUTION:

Please enclose a copy of your organization's constitution. If this is not written in English, please enclose the original and a copy translated into English.

AGREEMENT TO ENDORSE AND PROMOTE THE WCO'S CONCEPT OF OPTOMETRY:

Your signature serves as written testament that your organization will endorse the WCO's concept of optometry as quoted above:

Signature: _____

Date: _____