**ITEDS Membership Application**

ITEDS Membership Application Form

Thank you for your interest in our society.

If you wish to become an ITEDS members, please fill out the Online Application Form.

1. Membership Type\*

□5-years Membership ($200 USD) （recommend）

□1 year Membership ($50 USD)

1. Personal Information

Last name \*

First name \*

Gender \*

□Male

□Female

Primary email address \*

Secondary email address(if any)

1. Teaching/Academic Appointment

Institution Position \*

Hospital/Academic affiliation(s) \*

Name \*

City, State, Country, PIN Code \*

Practice address\* (Required for shipping ITEDS membership certificate) \*

1. Telephone

Tel. Country code \*

Telephone Number \*

Country of Registration/Practice\*

Institution / Country / Year of graduation \*

Medical graduation degree (provide documentary evidence\*)

1. Fellowship training 1 (provide documentary evidence)
2. Institution, State, Country \*

1. Period of training \*

1. Preceptor(s) \*

1. Fellowship training 2 (provide documentary evidence)

1）Institution, State, Country \*

2）Period of training \*

3）Preceptor(s) \*

1. Other Oculoplastic Society membership(s)

National \*

Membership Number

International \*

Membership Number

1. Payment Options\*

□PayPal

□Bank Transfer

1. Requirements
2. 2x2 color photo attached
3. Updated Curriculum Vitae / Resume
4. License in the Medical Practice of the applicant’s area / region of practice
5. Certificate of Completion of Residency in Ophthalmology
6. Click "Add File" to upload the scanned requirements

🔗 Add File