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| C:\yyhao\Box Sync\Admin\IOCS\web\Logo_Small.png | International Ocular Circulation Society  |

# IOCS Membership Application

## Applicant Information

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| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  |  |  |
|  | Last | First | M.I. |  |  |
| Title: |  |  |  |
| Email: |  |  |  |
| Institution: |  |  |  |
| Country: |  |  |  |

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| --- | --- |
| Name of the IOCS full member who recommended your membership: |  |
|  |  |
| Membership type: | Full [ ]  In-Training [ ]  |  |  |  |  |

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| **For full member application** |
| Doctorate degree(s) & thesis topic (if applicable):  |
| *List 2 peer-reviewed journal articles using full citation format with all authors named. Follow each article with a sentence regarding relevance to ocular circulation.* |
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| **For member-in-training Application** |  |
| Training Program:  |  |
| Research Topic: |  |
| Supervisor Name & Title: |  |
| *Please attach a letter from your supervisor to confirm your trainee status and research topic* |
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## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Please email this form, CV, and support letter to membership@ocularcirculation.org. Name the files so they could be identified as yours– i.e. “Lastname,Firstname IOCS Application.pdf,” “Lastname,Firstname CV.pdf.”

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| Signature: |  | Date: |  |