



APPLICATION FORM TO JOIN PAN AFRICAN GLAUCOMA ASSOCIATION

Membership categories

There are currently two categories of membership. Confirm your eligibility before completion of the form.

Full members - Ophthalmologists with three (3) months or more cumulative formal sub-specialty training in glaucoma or Ophthalmologists with an interest in glaucoma with up to 25% of their time is spent in active clinical, academic or research in glaucoma care. Ophthalmologist must have completed a fellowship training in ophthalmology. Annual membership dues for full membership is USD200= (Two hundred US Dollars).

Associate members - Ophthalmology Resident doctors currently in training. Certificate of ongoing training and reference from the Head of Department/Training must be submitted with the application. Annual membership dues for Associate membership is USD100= (One hundred US Dollars).

Applicant must submit the name of at least one referee who must be in good standing with the Association. Please submit the completed application form along with your resume and relevant supporting documents to [Email Address] or online application.

Personal Information

Professional Title: _____

Full Name (First name, Middle name, SURNAME): _____

Gender: Male [], Female []

Current Place of Employment/Practice: _____

Type of practice: Government[] Private[] Combined Government and Private[] NGO[]
Others(specify) _____

Practice Address Line 1: _____

Practice Address Line 2: _____

City: _____ State: _____ Zip Code: _____

Country: _____

Email Address: _____

Phone Number (Work): _____

Phone Number (Mobile): _____

Membership details

Type of membership

1. Full membership

a. How many months of cumulative glaucoma training? _____

b. What approximate percentage of your clinical, academic or research time is for glaucoma care? _____

c. Number of Years Practicing as Glaucoma Specialist/ in Glaucoma care: _____

d. Professional Certifications and date: _____

2. Associate membership

a. How many months in ophthalmology residency training? _____

b. Professional Certifications and date: _____

Are you a member of any relevant professional organizations or associations? Yes [] No []

If yes, please specify: _____

What committee(s) of the Association are you interested in? (Depending on availability).

1. By-Laws committee
2. Wet lab committee
3. Conference planning committee
4. Continuing Medical committee
5. Fundraising committee
6. Website communication, Press release and social media committee.
7. Patient Education committee
8. Research committee
9. Membership committee
10. Legislative committee

How did you learn about Pan African Glaucoma Association? Online Search, [] Referral, [] Social Media, [] Event/Conference, [] Other [] (please specify): _____

Supporting documents upload – Upload relevant supporting documents.

Referee

Name _____

PAGA Membership number _____

Annual membership dues payment (Payment link)

Full member: USD200=

Associate member: USD100=

Declaration:

I declare that the information provided in this application is true and accurate to the best of my knowledge. I understand that any false statements may result in the rejection of my application.

Applicant's Signature: _____ Date: _____

Thank you for expressing your interest in joining Pan African Glaucoma Association. We look forward to reviewing your application and welcoming you as a valued member.