

Join the CCLSA to maximise your exclusive member benefits:

- Professional development
- Occasions to network with your peers
- Online practice finder
- Research grants
- Fellowship opportunities

CCLSA MAILING LIST (PERSONAL INFORMATION FOR CCLSA USE ONLY)

Title (Prof, Dr, Mr, Mrs, Ms, etc.) _____ Surname _____

Given Names _____ OAA Membership No. _____

Postal Address _____

Suburb _____ State _____ Postcode _____

Home Phone _____ Home Fax _____

Mobile _____ Email _____

Date of Birth _____ Profession/Occupation _____

OPTOMETRISTS ONLY (PRACTICE DETAILS FOR PUBLICATION ON CCLSA WEBSITE 'PRACTICE FINDER')

Practice Name _____

Practice Address (not PO Box) _____

Suburb _____ State _____ Postcode _____

Phone _____ Fax _____ Mobile _____

Email _____ Website _____

PAYMENT (PLEASE TICK)

\$11 Joining Fee

\$132 Annual Membership

Total Payable \$143

Payment Method

Cheque payment enclosed (*please make cheque payable to "Cornea & Contact Lens Society of Australia"*)

Credit card authorisation

Card type Visa MasterCard American Express

Card number

Expiry date /

Cardholder Name _____ Signature _____

CONSENT

Medical or optometrical qualifications _____

I agree to the public information shown above appearing on the *Practice Finder* on the CCLSA website

I declare myself willing to be bound by the Constitution of the Cornea & Contact Lens Society of Australia

Signature _____ Date _____

We are very pleased to be able to offer you complimentary membership of the CCLSA. To join as a student member please complete the details below and return this form to the address below.

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Given Names _____

Postal Address _____

Suburb _____ State _____ Postcode _____

Home Phone _____ Home Fax _____

Mobile _____ Date of Birth _____

Email _____

UNIVERSITY DETAILS

Name of University _____

Current Year of Study _____ Expected Final Year of Course _____

Studies Undertaken _____

CONSENT

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Signature _____ Date _____