



IPS Membership Application

First Name _____

Family Name _____

Title (MD, PhD, OD) _____ Occupation/Specialty: _____

Office Address 1: _____

Office Address 2: _____

Office Address 3: _____

Office Address 4: _____

Country: _____

Phone: _____ | Fax: _____ | E-mail: _____

Category of employment: university, hospital, private practice, company, other

University Affiliation (if any): _____

Perimetric Research Projects (if any): _____

Recent Perimetric Publications:

1. _____

2. _____

3. _____

I am interested in becoming a member of the following groups:

Data Acquisition and Analysis, Glaucoma, Retina and Optic Disc, Standards,
 Neuro-ophthalmology, Non-conventional Perimetry Methods, Visual Disability Evaluation

Signature: _____ Date: _____

Please return to:

Allison McKendrick

Secretary, Imaging and Perimetry Society

See address below:

e-mail: allisonm@unimelb.edu.au

Professor Allison McKendrick
Department of Optometry & Vision Sciences
The University of Melbourne
Parkville, VIC 3010
Australia