**Asia Dry Eye Society Associate Membership Application Form**

I have read and understood the bylaws of the Asia Dry Eye Society and agree with the society’s goals. Having confirmed the above, I wish to apply as a member of the society.

YEAR: \_\_\_\_\_\_\_ MONTH: \_\_\_\_\_\_\_\_ DAY: \_\_\_\_\_\_\_\_

First Name:　 Middle Name: 　 　　 Last Name:

Gender: 　Male | Female　　　Date of Birth Year: Month: Date:

Affiliated Institution:

Department: 　　　　　　　　　　　　　　　　　　　Position:

Address:

Country: ZIP/Postal code:

TEL: 　　　　　　　　　　　　　 Email Address:

Membership Fee: 5,500 JPY (1 year from September to August)

Please check: ( ) Yes, I agree to pay the one-year membership fee.

Please show the Council member recommendation below.

Name of ADES Council Member who recommended you:

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1: What is your future plan for the Asia Dry Eye Society?

2: What is the purpose to join the Asia Dry Eye Society?

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Please check the box below if there are any information you don’t want to show.

□Name □Affiliation □Email Address

*\*Information provided will be used solely by the society and will not be disclosed to third parties.*