**Asia Dry Eye Society Regular 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.

Have you published one or more paper/s in English on dry eye or ocular surface as the first author or corresponding author in the past 5 years? Please mark one of the following:

YES

NO

If **YES**, please indicate the details of your paper/s.

ex) TITLE: Vision Loss by Central Retinal Vein Occlusion After Kaatsu Training: A Case Report.

AUTHOR/S: Ozawa Y, Koto T, Shinoda H, Tsubota K.

JOURNAL: Medicine (Baltimore).

YEAR: 2015, Sep

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1. TITLE:

AUTHOR/S:

JOURNAL:

YEAR:

\*If you have more than 1 paper, please write the information on the second page under “Additional Papers.”

**Note:** ADES criteria for membership is to have one or more paper published in English on dry eye or ocular surface as the first author or corresponding author in the past 5 years with recommendation from council member.

If **NO**, please check the blank below and confirm the following:

1. \_ I pledge to publish a paper in English on dry eye or ocular surface as first or corresponding author within the next 2 years.
2. Name of ADES Council Member who recommended you:

COMMENTS:

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

Date 　Signature

**ADDITIONAL PAPERS**

ex) TITLE: Vision Loss by Central Retinal Vein Occlusion After Kaatsu Training: A Case Report.

AUTHOR/S: Ozawa Y, Koto T, Shinoda H, Tsubota K.

JOURNAL: Medicine (Baltimore).

YEAR: 2015, Sep

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1. TITLE:

AUTHOR/S:

JOURNAL:

YEAR:

1. TITLE:

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JOURNAL:

YEAR:

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JOURNAL:

YEAR:

1. TITLE:

AUTHOR/S:

JOURNAL:

YEAR: