



# Ophthalmic Imaging Association Membership Application Form

Title (Dr, Mr, Mrs, Miss, Ms).....  
 Surname .....  
 Forenames .....  
 Work address  
 .....  
 .....  
 .....  
 .....  
 Tel No. ....  
 Fax No. ....  
 E-Mail .....

New applicant Yes / No  
 Previous member Yes / No  
 Membership No. ....

In what field of ophthalmic imaging do you specialise?  
 .....  
 .....  
 .....  
 .....  
 .....  
 How did you hear about OIA?  
 .....  
 .....

### Membership Category

See overleaf for category details

	Cheque/ Cash	Standing Order
<b>General Member:</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pre-registrant	£30 <input type="checkbox"/>	£25 <input type="checkbox"/>
Full General Member	£30 <input type="checkbox"/>	£25 <input type="checkbox"/>
<b>Medical Member:</b>		
Consultant	£30 <input type="checkbox"/>	£25 <input type="checkbox"/>
Non Cons. Grade	£30 <input type="checkbox"/>	£25 <input type="checkbox"/>
Affiliate	£30 <input type="checkbox"/>	£25 <input type="checkbox"/>
Honorary Fellow	£nil <input type="checkbox"/>	£nil <input type="checkbox"/>
Corporate Member	£150 <input type="checkbox"/>	£150 <input type="checkbox"/>
Retired	£nil <input type="checkbox"/>	£nil <input type="checkbox"/>

Payment Methods:  
 Cheque enclosed   
 Standing Order

If you wish to make your payments by Standing Order and qualify for the reduced rate, please tick the appropriate box and a Standing Order mandate will be sent to you.  
 If you are already paying by Standing Order, please ensure the correct amount is payable ie. £25 for all members.

Please make £UK cheques payable to 'OIA'.

Signature  
 .....  
 Date .....

Specific rejection: (default is acceptance)  
 I DO NOT AGREE to the supply of relevant details to OIA Council authorised third parties.

**By making application and submitting this form, the applicant accepts that data will be stored on various computer systems.**

Please return completed & signed form / payment to:  
 Richard Hancock, OIA Membership Secretary, Clinical Sciences Centre,  
 Aintree Hospitals, Longmoor Lane, Liverpool, L9 7AL  
 T: 0151 529 5815 F: 0151 529 5812 E: [richard.hancock@aintree.nhs.uk](mailto:richard.hancock@aintree.nhs.uk)

Membership is normally from January 1st to following December 31st. Applications for membership received 3 months prior to January 1st will be for remainder of current year PLUS entire following year to December 31st. Application for membership is subject to the terms and conditions set out in the Ophthalmic Imaging Association Articles of Constitution or other relevant statutes.