

Membership Application

Name of Organization:

Mailing Address:

Phone, Fax and e-mail:

Contact Person and Position in Organization:

Number of Members of the Organization:

Include with Application and fees:

Governance Documents [Constitution and By-Laws or similar documents]

Leadership Roster

Sample copies of any official publication[s]

Calendar of Events for the past year and coming year

Return Completed Application with supporting documentation and application fee to:

Intercontinental Federation for Behavioral Optometry

1921 E. Carnegie Ave., Suite 3L

Santa Ana, CA 92705

USA

iep@iep.org

Attn: Robert Williams