



**IMAGING and  
PERIMETRY  
SOCIETY**

**Imaging and Perimetry Society Membership Application**

First Name: \_\_\_\_\_

Family Name: \_\_\_\_\_

Title (MD, PhD, OD) \_\_\_\_\_ Occupation/Specialty: \_\_\_\_\_

Office Address 1: \_\_\_\_\_

Office Address 2: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_

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:

Prof Allison McKendrick  
Secretary, Imaging and Perimetric Society  
Address below

email: [allison.mckendrick@lei.org.au](mailto:allison.mckendrick@lei.org.au)

Prof Allison McKendrick  
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