



**IMAGING and  
PERIMETRY  
SOCIETY**

## IPS Membership Application

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

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

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

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

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

Office Address 3: \_\_\_\_\_

Office Address 4: \_\_\_\_\_

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

Phone: \_\_\_\_\_ | Fax: \_\_\_\_\_ | 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:

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See address below:

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