

2017

Membership Application and Renewal Form

January 1, 2017 to December 31, 2017

Annual Membership: \$350.00

(Payments must be made in U.S. Funds)

The Consortium of Ophthalmic Training Programs (COTP) is a 501(c) (3) non-profit corporation. COTP is organized exclusively for educational and scientific purposes, including but not limited to, promoting growth of ophthalmic training programs and awareness of ophthalmic medical personnel through communication and interaction with groups affecting ophthalmic training programs. Articles of Incorporation are on file with the Michigan Department of Commerce Corporation and Securities Bureau (#714-003). IRS Employer Identification Number: 59-3348642.

PROGRAM MEMBERSHIP CATEGORY: ___ **NEW** ___ **RENEWAL**

___ **Regular Member** *(full membership privileges)*

Ophthalmic Medical Programs accredited by the Commission on Accreditation of Ophthalmic Medical Programs (CoA-OMP)

___ **Associate Member** Individual programs seeking, or have applied for accreditation
(not eligible to vote or hold office as a Director or Officer)

Program Name: _____

Program Director: _____

Address: _____

City: _____ **State/Province:** _____ **Zip:** _____

Country: _____ **Phone:** _____ **Fax:** _____

Email address: _____

Website: _____

Program: ___ **Non-Clinical Assistant** ___ **Clinical Assistant** ___ **Technician** ___ **Medical Technologist**

Accreditation Status: _____ **CoA-OMP accredited** _____ **Seeking accreditation**

At least one, and no more than three, delegates shall represent each Member Program. Identify the delegates who will represent this program on COTP during 2017.

	Delegate #1 (Program Director)	Delegate #2 (Medical Director)	Delegate #3
Name			
E-mail Address			
Phone			

Please complete and return with a check in the amount of \$350 (in U.S Funds) made payable to the Consortium of Ophthalmic Training Programs and mail to: