



**2019**

**Membership Application and Renewal Form**

**January 1, 2019 to December 31, 2019**

**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 International Council of Accreditation (ICA)

**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:**  ICA 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 2018.**

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

**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:**