Pakistan Optometric Society (POS)
Lifetime Membership Application Form

Personal Information:

Full Name: _____ Father Name: _____

Date of Birth: _____ Gender: _____

Nationality: _____ Address: _____

City: _____ Postal Code: _____

Country: _____ Phone Number: _____

Email Address: _____

Professional Information:

Current Position: _____ Organization/Institution: _____

Work Address: _____

Phone Number: _____ Email Address: _____

Educational Background:

Degree(s) Obtained: _____ Institution: _____

Year of Graduation: _____ Field of Study: _____

Additional Qualifications: _____ Institution: _____

Year of Graduation: _____ Field of Study: _____

Professional Experience:

Total Years of Experience in Optometry: _____ Key Positions Held: _____

Position: _____ Organization: _____

Duration: _____

Contributions to Optometry:

(Provide a brief summary of your contributions to the field of optometry. Attach additional pages if necessary.)

Research Contributions: _____

                                _____

                                _____

Educational Contributions: _____

                                _____

                                _____

Clinical Practice Contributions: _____

                                _____

                                _____

Service to POS and Community: _____

_____

_____

Membership Information:
Current POS Membership Status: _____ Member Since: _____
Previous POS Memberships (if applicable): _____

Letters of Recommendation:
(Please attach at least two letters of recommendation from current Lifetime Members or senior professionals in the field of optometry.)

Recommender 1:
Name:
Position:
Contact Information:

Recommender 2:
Name:
Position:
Contact Information:

Declaration:
I hereby declare that the information provided in this application is true and accurate to the best of my knowledge. I agree to abide by the rules and regulations of the Pakistan Optometric Society.

Applicant's Signature: _____ Date: _____

For POS Use Only:
Date of Application Received: _____ Application Reviewed By: _____
Comments: _____
Approval Status:

Approved: ☐

Not Approved: ☐

Date of Approval: _____

POS Executive Committee Signature: _____