

REGISTRATION FORM

BOAF - MEMBERSHIP

For the year 2024

REF

BOAF-REGMEM24

Dear registrant,

We thank you for your interest of becoming a BOAF-MEMBER.

- Fill in the registration form in FULL and send it back to the BOAF-Office.
- We will take your membership request in consideration and the board of Trustees will make the decision of your acceptance. If the board of trustees refuses your request, you will receive an Email of refusal.
- If the board of trustees accept your request, you will receive your invoice, Member ID-Card and your annual certificate from our office by regular mail.
- You will also receive our code of ethics.
- BOAF Members will be given preference ahead of non-members on all the events organized by BOAF.

For further information please contact the BOAF - Office.

Sincerely and at your service.

Yvonne Frei / Executive Secretary BOAF

BOAF MEMBERSHIP REGISTRATION FORM - PART 1

FOR THE YEAR 2024

ANNUAL MEMBER FEE - 2024: 195€

REGISTRANT INFORMATION

OFFICE ADDRESS

Full Name _____
Company Name _____
Professional Title(s) _____
Address _____
City _____
ZIP Code _____ Country _____
Work Phone _____ Mobile Phone _____
Fax _____ Email _____
Web Page _____ VAT Nr. _____

PRIVATE ADDRESS

Address _____
City _____
ZIP Code _____ Country _____
Home Phone _____ Mobile Phone _____
Home Fax _____ Email _____
Private Web Page _____ Skype Name _____

BIRTHDAY

Day _____ Month _____ Year _____

LANGUAGE

First language _____
Second language _____
Third language _____

Your Picture

BOAF MEMBERSHIP REGISTRATION FORM - PART 2

FOR THE YEAR 2024

ANNUAL MEMBER FEE - 2024: 195€

GENERAL REGISTRANT INFORMATION

OTHER MEMBERSHIP

Are you member of one or more of these organizations? (if so, fill in with X)

CSO____, OEP____, WVAO____, COVD____, SBAO____, AOF____, IVBV____, SIODEC____, SOE____,
None of these____, Other____ Please specify_____

PROFESSIONAL ACTIVITIES

What are your daily professional activities? (fill in with X)

Optics____, Contact Lenses____, Syntonics____, VT____, WF____, Neuro rehab____, Low Vision____,
Sports Vision____, Physiotherapy____, Senso-motor____, Homeopathy____, VIPS____, Schüssler____,
Ortho-pedagogic____, Other____, Please specify_____

TITTLE & FELLOWSHIP

What are your tittles and/or fellowships? (fill in with X)

OD____, PhD____, FO____, FCSO____, FCOVD____, FSOE____, Other____, Please specify_____

DIPLOMA

Diploma Title_____, Diploma Date_____, Diploma Level_____,
Diploma School_____, Diploma Text_____

Diploma Title_____, Diploma Date_____, Diploma Level_____,
Diploma School_____, Diploma Text_____

Diploma Title_____, Diploma Date_____, Diploma Level_____,
Diploma School_____, Diploma Text_____

Global Remarks:_____