



Asociación Latinoamericana de Optometría y Óptica

OPTOMETRY CONCEPT ADOPTED BY WCO AND ALDOO

“Optometry is a healthcare profession that is autonomous, educated and regulated (licensed/registered), and optometrists are the primary healthcare practitioners of the eye and visual system who provide comprehensive eye and vision care, which includes refraction and dispensing, detection/diagnosis and management of disease in the eye, and the rehabilitation of conditions of the visual system.”

MEMBERSHIP APPLICATION

Requirements for ALDOO Membership Application:

- Organizations which represent Optometry and/or Optics in a country or in a state with National Representation.
- Legally organized and registered organizations in its respective countries.
- The organization should have written by-laws.
- Organization should share the same concept of Optometry as ALDOO and WCO.
- The organization should present a resolution/statement which proves that the members wish to become ALDOO members.

Please send the following application form to the Secretary of ALDOO's Governing Board at presidenciaaldoo@gmail.com

Asociación Latinoamericana de Optometría y Óptica
School Of Optometry, Inter American University of Puerto Rico
500 John Hill Harris Road, Bayamón, Puerto Rico
Tel. (787) 765 1915, Ext 1002, Fax (787) 767 3920.
www.aldoo.org

NAME OF THE ORGANIZATION:

POSTAL ADDRESS:.....

FIRST NAME, LAST NAME & TITLE CURRENT PRESIDENT.....

.....

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FIRST NAME, LAST NAME AND TITLE OF THE PERSON WHO COMPLETED THIS APPLICATION
FORM

Organizational Structure:.....

Date (approximate) the organization was created.....

Phone: Fax:.....

Email Address.....

MEMBERSHIP INFORMATION

Approximate Number of Members in the Organization

Approximate Number of Optometrists in your country.....

Training Level (if different levels, please explain).....

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Any other organizations representing Optometry in your country? Yes _____, No _____

Approximate Number of Opticians in your country.....

Training Level:.....

Any other organizations representing Opticians in your country?: Yes _____, No _____

PUBLICATIONS INFORMATION

Does your organization write any publications?: YES: _____ NO _____

If so, please list the names of the publication(s) and how many times per year it is issued?
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Please list the names of the editors and their email addresses.....
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EDUCATION INFORMATION

Does your organization provide any type of education? For instance, continuing education courses or conferences? YES: _____ NO _____

If so, please summarize what type of education you provide and which topics?.....
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CONSTITUTION/BY-LAWS:

Please, attach a copy of your constitution/by-laws. If it is not in Spanish, please provide a copy in its original language and a Spanish translation.

Please attach a copy of members' statement expressing their wish to join ALDOO.

AGREEMENT FOR ACCEPTANCE AND PROMOTION OF THE OPTOMETRY CONCEPT ADOPTED BY ALDOO AND WCO

Your signature will serve as written agreement that your organization would fully endorse/adopt this concept:

Signature (and title): _____

Date: _____