



GLOBAL ALLIANCE
OF EYE BANK ASSOCIATIONS

Membership Application Form

Membership Details

Organization Name	
Organization's Representative	
Is the organization Incorporated?	Yes/ No
Incorporated number (if applicable)	
Telephone	
Website	
Address	
Email	
Description of the Organization's key activities	

Membership Application Type

Membership Level	Tick
Sector Membership	
Peer Membership	

Fee

Organization Type	Fee (US\$)	Tick
Small-medium sized eye care organization (under 50 employees) (low-middle income)	250	
Small-medium sized eye care organization (under 50 employees) (high income)	500	
Large size eye care organization (over 50 employees) (low-middle income)	1000	
Large size eye care organization (over 50 employees) (high income)	2000	

Endorsement

Please indicate your endorsing GAEBA Founding Partner or national/regional ophthalmological society or 2 existing Members. (If you are unsure, please contact our Team).

Endorsement Organization Name	
Representative	
Telephone	
Email	

You have attached

Item	Tick
Your organization's latest annual report	
Your organization's latest financial statement	
Signed Code of Conduct Form	
Rules of Incorporation or Terms of Reference (Associations only)	

Executive Representative

This is the person nominated as the point of contact between GAEBA and your organization.

Name	
Telephone	
Email	

The above named organization hereby makes application to be formally recognised as a member of GAEBA.

In signing this membership form, the organization accepts the obligation of a member as outlined in the Rules of Incorporation of GAEBA.

Signed for and on behalf of [organization]:

Print Representative's name

Date _____

Please submit your application, or for further questions, to our Chair Heather Machin
heather.machin@unimelb.edu.au .