



Affiliate Application

Please thoroughly complete and submit via mail, e-mail or fax with a copy of the following:

U.S. & Traveling Physicians:

- ABO Certificate
- Residency Certificate
- Medical Diploma
- Medical License (current)
- Curriculum Vitae
- Passport (current-photo page only)
- Personal Emergency Info. (form attached or online)

International Physicians:

- Degrees/Certificates
- Medical Licenses
- Curriculum Vitae

Affiliate Information

Name				Suffix(s)		
Home Address						
City			State			Zip (Postal) Code
Country			Phone			Fax
Business Name						
Address						
City			State			Zip (Postal) Code
Country			Phone			Fax
E-Mail				Address preferred for correspondence		Home <input type="checkbox"/> Work <input type="checkbox"/>
Passport Number			Passport expiration date		Birth date	
Name of your office manager						

Education and Experience

Name of University/Institution	Field of study/Type of training	Degree/Certificate	Dates Attended

Date of ABO Certification		Sub-Specialty	
Medical License Number		Glove Size	

Please list the number of eye surgeries that you have performed in the last two years:

ECCE		MSICS		Phaco		Glaucoma	
Pediatric		Oculoplastic		Strabismus		Retina	
Diode		YAG Laser		Other (list)			

Past participation in volunteer eye programs?	
Clubs and Associations? (Lions, Rotary, etc.)	
Languages spoken?	
How did you hear about SEE International?	Website <input type="checkbox"/> AAO <input type="checkbox"/> ASCRS <input type="checkbox"/> Other: Referred by:

Affiliates planning to participate on a SEE expedition

If you are planning to participate on a SEE expedition, please list any background experience that may enhance your contribution to an eye expedition (e.g. past volunteer experience, translation skills, surgical observation, etc.)

I, () release Surgical Eye Expeditions (SEE) International, its officers, expedition leaders, members and team associates from responsibility for any accident, injury, sickness or death to me or any member of my family and/or loss of material items occurring as a result of any expedition. I understand and accept the personal health and safety risks involved.

I will be a guest of the host country and subject to the local laws and customs and to the policies of SEE International.

I will be working under and subject to the authority of the local Ophthalmologist or Project Director and agree to abide by his or her directives while visiting and working in the host country.

I will be personally responsible for my transportation expenses, lodging, meals and any other incidental expenses. I understand that should it be necessary for me to cancel my participation, any refunds of airfare or other prepaid services will be my responsibility.

I further give SEE International officers, expedition leaders and other designated personnel my authorization to release pictures or stories about my participation in an expedition to the media.

I have read, understand and agree to the condition of this waiver.

Signed:

Date:

Affiliate Dues

Affiliate Ophthalmologist dues in U.S. Dollars	1 Year	2 Years	3 Years
U.S., Australia & NZ, Western Europe, Canada, Japan	\$108.00	\$216.00	\$324.00
All other Countries	\$10.00	\$20.00	\$30.00

SEE would be most grateful if you would consider a 3 year membership in order to defray mailing costs

I reside in a developing country and am unable to make annual payments. Please waive my dues.

Method of payment Check* MasterCard Visa Amer. Express

**Please make your check payable to SEE International*

Credit Card Number		Dues amount	\$
Expiration Date		Contribution (optional)	\$
Signature:		Total Amount	\$

For Office use only

Authorized

Initials:

Date:

Privacy Policy

SEE International respects an individual's right to keep Personal Information private. Use of information is for purposes of membership as well as preparation for participation in SEE's programs. SEE International does not sell or distribute any of your information.

7200 HOLLISTER AVE., UNIT A SANTA BARBARA, CA 93117 PHONE: (805)963-3303 FAX: (805)965-3564

Surgical Eye Expeditions (SEE) International is a non-profit 501(c)(3) humanitarian organization that provides medical, surgical and educational services by volunteer ophthalmic surgeons with the primary objective of restoring sight to disadvantaged blind individuals worldwide.



SEE
INTERNATIONAL
RESTORING SIGHT
TRANSFORMING LIVES

Personal Emergency Information

Date:	
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Your Name:			
Blood Type:		Medications:	
Allergies:			
Completed Hepatitis B Series:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date: <input type="text"/>
Passport Number:		Expiration Date:	

Emergency Contact Person:		Relationship:	
Address:			
City:		State:	
		Zip:	
Home Phone:		Cell Phone:	

Personal Physician:			
Phone Number:			
Business Address:			
City:		State:	
		Zip Code:	