



**EYE BANK  
ASSOCIATION  
of AMERICA**

1015 18th Street, NW  
Suite 1010  
Washington, DC 20036  
Phone (202) 775-4999 Fax (202) 429-6036  
E-Mail info@restoresight.org

**APPLICATION FOR LIMITED MEMBERSHIP**

This application must be completed in its entirety with all required supporting documentation and fees in order for the application to be considered.

**1. Name of organization:**

\_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**2. Date of incorporation or founding:** \_\_\_\_\_ **State/Country:** \_\_\_\_\_

**3. Is the organization a non-profit organization (or equivalent for international)? Y or N**

**Explain:** \_\_\_\_\_

**4. If yes to #3, attach a copy of the 501(c)(3) or 501(c)(6) tax-exempt status letter (or equivalent for international).**

**5. Attach a list of the organization's Board of Directors or Governing Body.**

**6. Name of Medical Director:** \_\_\_\_\_

Attach a copy of the medical director's license and curriculum vitae.

Is the Medical Director an ophthalmologist who has completed a corneal fellowship or who has demonstrated expertise in external eye disease, corneal surgery, research or teaching in cornea and/or external disease? **Y or N**

Do you have a consultant that meets this criteria? **Y or N**

**Name:** \_\_\_\_\_

Attach a copy of the consultant's license and curriculum vitae.

**7. Name of chief executive officer:** \_\_\_\_\_  
The “chief executive” shall be the individual responsible for the day-to-day operation of the organization. It is the individual’s responsibility to carry out policies of the organization’s Board of Directors.

Attach a copy of the officer’s curriculum vitae.

**8. Please respond to the following questions. See the attached document for definitions of each function.**

Does your organization screen ocular tissue donors?	YES	NO
Does your org. train technicians for procurement of ocular tissues?	YES	NO
Does your organization procure/recover ocular tissues?	YES	NO
Does your organization store ocular tissues, media, instruments?	YES	NO
Does your organization evaluate ocular tissues?	YES	NO
Does your organization distribute ocular tissues to surgeons?	YES	NO
Does your organization package, seal or transport ocular tissues?	YES	NO
Does your organization maintain complete donor records?	YES	NO

**If yes to any of the above, please explain (use another sheet to explain, if necessary):**

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**9. Provide statistics for the previous year, beginning on January 20\_\_\_\_, and ending on December 31, 20\_\_\_\_. Count only those eyes/corneas recovered locally by your eye bank.**  
**ANSWER ONLY IF APPLICABLE**

- A. Number of corneas used for local surgery \_\_\_\_\_
- B. Number of corneas exported for surgery \_\_\_\_\_
- C. Number of corneas used locally or exported for research \_\_\_\_\_
- D. Number of corneas/eyes used locally or exported for training \_\_\_\_\_
- E. Number of corneas/eyes discarded \_\_\_\_\_
- F. Total # of eyes/corneas recovered locally by your eye bank (+ lines A-E) \_\_\_\_\_

**10. Attach list of other professional memberships (optional).**

**11. Attach the application fee of \$100.00 (US Currency).**

**All materials must be submitted in triplicate to the EBAA office. In order to process all applications in a timely manner, applications to be reviewed during the Annual Meeting in June must be submitted by April 1. Applications to be reviewed during the Fall Educational Conference must be submitted by September 1. The Membership Committee reserves the right to request additional information. NOTE: The EBAA fiscal year runs from July 1<sup>st</sup> to June 30<sup>th</sup>.**

**We, the undersigned, attest that all information is true and correct. If accepted as a member of the Eye Bank Association of America, Inc., we agree to be bound by the EBAA Constitution & Bylaws and all EBAA requirements.**

**SIGNATURES:**

**DATE:**

\_\_\_\_\_  
Board President or Chairman

\_\_\_\_\_  
Medical Director

\_\_\_\_\_  
Chief Executive Officer

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ANNUAL DUES (July 1 - June30):**

**Associate (Unaccredited) Limited U.S. or International Member: \$2500**

**Active (Accredited) Limited U.S. or International Member: \$2500, plus fee based on ocular revenue.**

**NOTE: This category is only available to Associate members after they have passed EBAA accreditation site inspection. Please see the EBAA Constitution & Bylaws for rights and privileges for each membership category.**