



1015 18th Street, NW  
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Washington, DC 20036  
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E-Mail info@restoresight.org

**APPLICATION FOR MEMBERSHIP**

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

Type of membership requested: \_\_\_\_\_  
(Refer to Article 2, section 2.1 of the EBAA Constitution & Bylaws: "Categories of Membership".

**1. Name of organization:**

\_\_\_\_\_

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

\_\_\_\_\_

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

**2. Date of incorporation or founding:** \_\_\_\_\_

**3. Is the organization a not-for-profit organization?** \_\_\_\_\_

**4. Attach a copy of the 501(c)(3) or 501(c)(6) tax-exempt status letter or a letter of determination.**

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

**6. Name of Medical Director:** \_\_\_\_\_  
Attach a copy of the medical director's license and curriculum vitae.

**7. Name of Executive Director:** \_\_\_\_\_  
Attach a copy of the executive director's curriculum vitae/resume.

**8. Attach a copy of the eye bank's latest annual report.**

**9. List of services offered:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(The following question is applicable for Active & Associate membership categories only)

**10. 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.**

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

**11. Attach a letter of support and recommendation from the governing body of the local Ophthalmologic Society and/or the eye section of the local or regional Medical Society.**

**12. If available, attach copies of any public information material.**

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

**14. 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.**

**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 regulations.**

**SIGNATURES:**

**DATE:**

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

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

\_\_\_\_\_  
Executive Director