

## AFFILIATE MEMBERSHIP APPLICATION

### SPONSORS

Please provide the names of two sponsors to support your application. Sponsors must be current Fellows of the College and **should know the applicant**). Where an overseas applicant cannot find two RCOphth sponsors to support the application, they should provide details of their clinical director and one consultant ophthalmologist colleague who will both be asked to provide a reference.

**Applicant's name:**

### UK SPONSOR DETAILS

*We, the undersigned Fellows of the College, support the application and confirm that the information given by the applicant is, to the best of our knowledge, true.*

SPONSOR 1 Print Name.	Membership/GMC Number

SIGNATURE:

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SPONSOR 2 Print Name.	Membership/GMC Number

SIGNATURE:

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### OVERSEAS SPONSOR DETAILS

*We, the undersigned support the application and confirm that the information given by the applicant is, to the best of our knowledge, true. We agree to be contacted for further information*

SPONSOR 1 Print Name.	Position and email address

SIGNATURE:

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SPONSOR 2 Print Name.	Position and email address

SIGNATURE:	

Please upload with your application form