



AMERICAN ACADEMY OF OPHTHALMOLOGY

The Eye M.D. Association

Application Deadline: **August 15**

Membership Application *(Please print clearly)*

Date of Application: _____

☐ **Associate Membership**

Application Fee: \$600 (USD)

Associate members are eligible for nomination to receive an invitation for membership according to the following definition: A person who holds a degree of Doctor of Medicine, Doctor of Osteopathy, Doctor of Veterinary Medicine or Doctor of Philosophy in science, and is engaged in a field allied with or in a basic science related to ophthalmology, or a person who, in the judgment of the Board of Trustees, has made significant contributions to ophthalmology or engaged in full-time research in a science related to ophthalmology.

☐ **Industry Membership**

Application Fee: \$1200 (USD)

Industry members are eligible for nomination to receive an invitation for membership according to the following definition: A person who holds a degree of Doctor of Medicine, Doctor of Osteopathy, Doctor of Veterinary Medicine or Doctor of Philosophy in science, and is engaged in full-time research in a science related to ophthalmology.

Application Process

Sign and date the completed application which includes your endorsement signatures from two Active Fellows/Members of the Academy. **A C.V. must be included with your application.**

Submit the application and C.V. to:

American Academy of Ophthalmology
Member Services
655 Beach Street
San Francisco, CA 94109-1336

Your application and C.V. will be presented to the Academy's Membership Advisory Committee for review. It is their discretion to determine if individuals should be invited to join as Associate or Industry Members. After this review, you will be notified of the decision.

Invited nominees will receive an Acceptance of Invitation form. The application fee of \$600 (USD) for Associate Member or \$1200 (USD) for Industry Member is payable upon receipt of the Associate or Industry Acceptance form.

Questions:

Contact Member Services at +1.415.561.8581 or at our toll free (U.S. only) number 1.866.561.8558, by fax at +1.415.561.8575, or by email at member_services@aao.org



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The Eye M.D. Association

Are you a previous member of AAO? ☐ Yes ☐ No If Yes, AAO Member ID (if known) _____

Personal Information

Family/Surname

First Name

Middle Initial

Date of Birth: ____/____/____
MM DD YYYY

Gender: ☐ Male ☐ Female

Primary Mailing Addresses

Primary address for all AAO mailing: ☐ Home ☐ Office

Street Address

Street Address

City

State/Province/District

Country

Contact Information

Office Number

Fax Number

Home Number

Cell/Mobile

Primary Email (Will be used to log in and retrieve passwords. Cannot match any other user's primary email.) **(Required)**

Communication Email (Academy communications will go to Primary Email unless this field is completed.) **(Optional)**

Undergraduate Education

University/School Name

Degree

Type of Study

Begin Date: ____/____/____ Completion Date: ____/____/____
MM DD YYYY MM DD YYYY

Graduate Education

University/School Name

Degree

Type of Study

Begin Date: ____/____/____ Completion Date: ____/____/____
MM DD YYYY MM DD YYYY

Endorsements

We, the undersigned, do hereby nominate the applicant as a candidate for Associate or Industry Member in the American Academy of Ophthalmology:

Print Endorser's Name

AAO ID Number

Signature of Endorser

Print Endorser's Name

AAO ID Number

Signature of Endorser

Describe contributions made to ophthalmology.