



Membership Application (Please print clearly)

APPLICATION DEADLINE AUGUST 15

ASSOCIATE MEMBERSHIP Application Fee: \$600 (USD)

Individuals 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)

Individuals 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.

Date of Application _____

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 ADDRESS

Primary Address for all AAO Mailing Home Office

Street Address _____

Street Address _____

City _____

State/Province/District _____ Postal Code _____

Country _____

PHONE

Office Number _____

Fax Number _____

Home Phone _____

Cell/Mobile _____

EMAIL

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

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

EDUCATION

UNDERGRADUATE EDUCATION (Required)

University/School Name _____

Degree _____ Type of Study _____

Begin Date ____/____/____ Completion Date ____/____/____ (MM/DD/YYYY)

GRADUATE EDUCATION

University/School Name _____

Degree _____ Type of Study _____

Begin Date ____/____/____ Completion Date ____/____/____ (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 _____

