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AAOE MEMBERSHIP ELIGIBILITY

Individuals must be either (1) administrative personnel (which shall not include optometrists) employed by a fellow or member of the American Academy of Ophthalmology or (2) must themselves be a fellow or member of the Academy.

GENERAL INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Credential(s) (Check all that apply): ☐ MD ☐ DO ☐ PhD ☐ MBA ☐ MPH

I am a member of the Academy: ☐ YES ☐ NO

Academy Member Number (Required): _____

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Primary Email – Used to log in and retrieve passwords. Cannot match any other user's primary email. (Required)

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

PAYMENT

Amount: ~~\$250~~ \$200

Membership is from Jan.1 to Dec. 31*

☐ VISA ☐ MasterCard ☐ American Express ☐ Discover ☐ Check or money order, payable to AAO

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I understand and agree that the American Academy of Ophthalmic Executives does not accept optometrists or commercial representatives as members and that I must be a member of the American Academy of Ophthalmology. I further agree that if I violate the foregoing statement, my membership in AAOE will be terminated immediately and no membership or other fees will be returned.

Signature: _____ Date: _____

RETURN THIS FORM TO:

American Academy of Ophthalmology (Dept. #34048)
P. O. Box 39000
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Bradley Sandler, MD

Fairfield, Calif.

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