



2024 Membership Application

You can also apply for membership online at aao.org/join.

Are you a previous member of AAO? ☐ Yes ☐ No

If Yes, AAO Member ID# (if known) _____

PERSONAL INFORMATION

Last Name/Surname/Family Name

First Name/Given Name

Middle Initial

Degree (e.g., MD, DO, MBBS, etc.)

_____/_____/_____
Date of Birth (MM/DD/YYYY)

Gender ☐ Male ☐ Female ☐ Prefer not to answer
Complete your profile at aao.org/demographics

CONTACT INFORMATION

Email (Required field. Your email will be used to log in, access member benefits and receive Academy communications.)

Primary Mailing Address for all AAO Mailing ☐ Home ☐ Office

Street Address (line 1)

Street Address (line 2)

City

State/Province

Postal Code

Country

Primary Phone ☐ Home ☐ Office ☐ Mobile

Phone Number (With area or country code)

ACADEMY COMMUNICATIONS

☐ I consent to the Academy keeping me informed through member-exclusive newsletters and timely communications about the annual meeting, education, products and services that it provides to the ophthalmology community at large.

MEDICAL TRAINING

Medical Students: Complete Medical School section.

PGY1 Residents: Complete Medical School and PGY1 Training sections.

Ophthalmology Residents (PGY2 and beyond): Complete Medical School and Ophthalmology Training sections.

Ophthalmologists currently enrolled in fellowship training: Complete Medical School, Ophthalmology Training and Fellowship/Additional Training sections.

Practicing Ophthalmologists: Complete Medical School, Ophthalmology Training and Fellowship/Additional Training sections (if applicable).

MEDICAL SCHOOL

School Name

City, State/Province and Country

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

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

Degree ☐ MD ☐ DO ☐ Other _____

PGY1 TRAINING

PGY1 Training Program Name

City, State/Province and Country

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

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

OPHTHALMOLOGY TRAINING

Ophthalmology Residency/Training Program Name

City, State/Province and Country

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

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

FELLOWSHIP/ADDITIONAL TRAINING

School or Program Name

City, State/Province and Country

Type of Fellowship/Area of Clinical Focus (e.g., cornea, retina, etc.)

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

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

LICENSING AND CERTIFICATION

Licensed to Practice in ☐ United States ☐ International

List State(s)/Country

License Number

Are you certified by:

- ☐ American Board of Ophthalmology
- ☐ American Osteopathic Board of Ophthalmology*

* Please note that certificate must accompany application

PRACTICE RESTRICTIONS (Required)

Have you ever had your medical license and/or hospital privileges denied, revoked, conditioned, suspended, limited, qualified, or subject to the terms of probation or restricted?

- ☐ Yes ☐ No

Have you voluntarily surrendered your hospital privileges?

- ☐ Yes ☐ No

If yes to any questions above, please explain fully and attach with your application.

MEMBERSHIP CATEGORIES & FEES

A \$30 non-refundable processing fee will be added for all categories excluding Member in Training and Medical Student.

- ☐ **Active Fellow or Osteopathic Fellow — \$1,055 (\$1,025+\$30)**
A practicing ophthalmologist with current certification from the American Board of Ophthalmology, American Osteopathic Board of Ophthalmology or the Royal College of Physicians and Surgeons.
- ☐ **Active Member — \$1,055 (\$1,025+\$30)**
A U.S.-based practicing ophthalmologist; board certification is not required.
- ☐ **International Member — \$555 (\$525+\$30)**
Any ophthalmologist practicing outside of the U.S. and licensed to practice where they live.
- ☐ **International Member in Training* — \$205 (\$175+\$30)**
A physician currently enrolled in a full-time accredited ophthalmology residency or fellowship training program located outside of the U.S. or Canada.
- ☐ **Member in Training* — Free**
A physician currently matched into or enrolled in a full-time accredited ophthalmology residency or fellowship training program located in the U.S. or Canada.
- ☐ **Medical Student* — Free**
A medical student currently enrolled in a U.S. medical school accredited by the Liaison Committee on Medical Education (LCME) or the American Osteopathic Association Commission on Osteopathic College Accreditation (COCA).

* Proof of in-training status must be submitted with the application. Verification letter must be on institution letterhead, signed by the Program Director and include begin and anticipated end dates of training.

Academy membership year runs on a calendar year from Jan. 1 to Dec. 31, regardless of the application date.

2024 member application deadline is Sept. 15, 2024

PAYMENT INFORMATION

- ☐ Check Enclosed ☐ Visa ☐ MasterCard
- ☐ American Express ☐ Discover ☐ Wire Transfer

Card Number Expiration Date (MM/YYYY)

Cardholder's Name

Cardholder's Address

City State/Province

Postal Code Country

Signature

Make check payable on a U.S. bank in U.S. dollars to: American Academy of Ophthalmology.

For International Transfers:
Wells Fargo Bank, NA
San Francisco, CA
Swift#: WFBUS6WFFX
Account #:4121478242
Account Name: American Academy of Ophthalmology
(Please include your full name on wire transfer.)

SIGNATURE

I certify that all information entered is correct and complete. I affirm that my medical license is valid and unencumbered in each state in which I am licensed. I agree to abide by the bylaws of the American Academy of Ophthalmology and the Code of Ethics. I understand 1) my application is subject to verification by the Academy, and I release the Academy from any claims, damages or liabilities related to or arising from the verification process; 2) my membership must be recommended by the Board of Trustees and approved by affirmative vote of the Voting Fellows and Members; and 3) the Academy may revoke my membership.

Signature

Date

Return application with payment to:
American Academy of Ophthalmology
PO Box 884048
Los Angeles, CA 90088-4048
Fax: +1.415.561.8575

Direct inquiries to:
Member Services
Tel: +1.415.561.8581; 866.561.8558 (toll free, U.S. only)
Email: member_services@aao.org
Web: aao.org/member