

SUBSCRIPTION ADDRESS CHANGE

Submitting this form will update the shipping address for your Ophthalmology journal and EyeNet magazine only unless you indicate otherwise below. Please allow 1 – 2 months for this change to take effect.

Academy ID# _____ Use for Subscriptions only All Academy mailings

Last/Family Name _____

First Name _____ Middle Initial _____

Below is my Home address Office address (Important: please check one)

Address _____

City _____

State/Province (if applicable) _____

Postal Code _____ Country _____

E-mail Address _____



Please return this completed document to:

American Academy of Ophthalmology
Member Services
655 Beach Street
San Francisco, CA 94120-7424

Tel: +1.415.561.8581
Fax: +1.415.561.8575

E-mail: journal_inquiries@aao.org

