



2020 Membership Application

(Please print clearly)

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

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 SCHOOL (Required)

School Name

City, State/Province and Country

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

OPHTHALMOLOGY TRAINING (Required)

Ophthalmology Residency/Training Program Name

City, State/Province and Country

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

FELLOWSHIP/ADDITIONAL TRAINING (If Applicable)

School or Program Name

City, State/Province and Country

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

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

LICENSING AND CERTIFICATION

Licensed to Practice in United States International

List State(s)/Country

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 been convicted of a crime within the last 7 years?

- Yes No

Have you ever had 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.

