



AAOE Membership Application for Ophthalmologists

AAOE MEMBERSHIP ELIGIBILITY

Individuals must be a member of the American Academy of Ophthalmology.

GENERAL INFORMATION

Last Name	First Name	Middle Initial	
I am a member of the Academy: <input type="radio"/> YES <input type="radio"/> NO			
Academy Member Number (Required)			
Credential(s): (Check all that apply) <input type="radio"/> MD <input type="radio"/> DO <input type="radio"/> PhD <input type="radio"/> MBA <input type="radio"/> MPH			
Practice Name			
Practice Address			
City	State	Zip	Country
Telephone		Fax	
Primary Email - Will be used to log in and retrieve passwords. Cannot match any other user's primary email. (Required)			
Communication Email - Academy communications will go to Primary Email unless this field is completed. (Optional)			

PAYMENT ~~\$285~~ \$235 SPECIAL AAO 2018 OFFER (Membership is from Jan. 1 to Dec. 31, 2018)

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

Card Number	Exp. Date	Authorized Signature	
Name on Card			
Cardholder's Billing Address			
City	State	Zip	Country

I understand and agree 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
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RETURN THIS FORM TO: American Academy of Ophthalmology
Dept #34048
P.O. Box 39000
San Francisco, CA
94139

QUESTIONS?
Contact Member Services
T: +1 415.561.8581
F: +1 415.561.8575
E: member_services@aao.org