



Membership Application (Please print clearly)

APPLICATION DEADLINE AUGUST 15

☐ **ASSOCIATE MEMBERSHIP** Application Fee: \$630 (USD)

Individuals are eligible for nomination to receive an invitation for membership according to the following definition: A person who holds a degree of Doctor of Medicine, Doctor of Osteopathy, Doctor of Veterinary Medicine or Doctor of Philosophy in science, and is engaged in a field allied with or in a basic science related to ophthalmology, or a person who, in the judgment of the Board of Trustees, has made significant contributions to ophthalmology or engaged in full-time research in a science related to ophthalmology.

☐ **INDUSTRY MEMBERSHIP** Application Fee: \$1400 (USD)

Individuals are eligible for nomination to receive an invitation for membership according to the following definition: A person who holds a degree of Doctor of Medicine, Doctor of Osteopathy, Doctor of Veterinary Medicine or Doctor of Philosophy in science, and is engaged in full-time research in a science related to ophthalmology.

Date of Application _____

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

If Yes, AAO Member ID (if known) _____

PERSONAL INFORMATION

Family/Surname _____

First Name _____ Middle Initial _____

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

Gender ☐ Male ☐ Female

PRIMARY MAILING ADDRESS

Primary Address for all AAO Mailing ☐ Home ☐ Office

Street Address _____

Street Address _____

City _____

State/Province/District _____ Postal Code _____

Country _____

PHONE

Office Number _____

Fax Number _____

Home Phone _____

Cell/Mobile _____

EMAIL

Primary Email - Required (Will be used to log in and retrieve password. Cannot match any other user's primary email)

Communication Email - Optional (Academy communications will go to Primary Email unless this field is completed)

EDUCATION

UNDERGRADUATE EDUCATION (Required)

University/School Name _____

Degree _____ Type of Study _____

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

GRADUATE EDUCATION

University/School Name _____

Degree _____ Type of Study _____

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

ENDORSEMENTS

You must provide names of two Academy members to support your application.

Print Endorser's Name _____

Print Endorser's Name _____



CONTRIBUTIONS TO OPHTHALMOLOGY

[illegible]

Sign and date the completed application. **A C.V. must be included with your application.**

Date _____

**American Academy of Ophthalmology
Member Services
655 Beach Street
San Francisco, CA 94109-1336**

Your application and C.V. will be presented to the Academy's Membership Advisory Committee for review. It is their discretion to determine if individuals should be invited to join as Associate or Industry Members. After this review, you will be notified of the decision.

Invited nominees will receive an Acceptance of Invitation form. The application fee of \$630 (USD) for Associate Member or \$1400 (USD) for Industry Member is payable upon receipt of the Associate or Industry Acceptance form.

Contact Member Services at +1.415.561.8581 or at our toll free (U.S. only) number 1.866.561.8558, by fax at +1.415.561.8575, or by email at member_services@aao.org