



2021 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)

MEDICAL TRAINING

Medical Students: complete Medical School. **PGY1 Residents:** complete Medical School and PGY1 Training. **Ophthalmology Residents (PGY2 and beyond):** complete Medical School and Ophthalmology Training. **Ophthalmologists currently enrolled in fellowship training:** complete Medical School, Ophthalmology Training and Fellowship/Additional Training. **Practicing Ophthalmologists:** complete Medical School, Ophthalmology Training and Fellowship/Additional Training (if applicable).

MEDICAL SCHOOL

School Name

City, State/Province and Country

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

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

Degree

PGY1 TRAINING

PGY1 Training/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)

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.

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.

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 — \$1,025 (\$995+\$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 — \$1,025 (\$995+\$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.

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 the above information 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 AAO, and I release AAO 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 election of the AAO voting membership; and 3) AAO may revoke my membership.

Signature

Date

Return application with payment to:
American Academy of Ophthalmology
PO Box 394048
San Francisco, CA 94139-4048
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