



AMERICAN ACADEMY
OF OPHTHALMOLOGY®
Protecting Sight. Empowering Lives.

AAOE Membership Application for Ophthalmologists

AAOE MEMBERSHIP ELIGIBILITY

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

GENERAL INFORMATION

Academy Member Number (Required)

Last Name

First Name

Middle Initial

Credential(s): (Check all that apply) ☐ MD ☐ DO ☐ PhD ☐ MBA ☐ MPH

Practice Name

Practice Address

City

State

Zip

Country

Telephone

Fax

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

PAYMENT \$285 (Membership is from Jan. 1 to Dec. 31, 2019)

☐ 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

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

F: +1 415.561.8575

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