



## 2022 Membership Application

You can also apply for membership online at [aao.org/join](http://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 section.

**PGY1 Residents:** Complete Medical School and PGY1 Training sections.

**Ophthalmology Residents (PGY2 and beyond):** Complete Medical School and Ophthalmology Training sections.

**Ophthalmologists currently enrolled in fellowship training:** Complete Medical School, Ophthalmology Training and Fellowship/Additional Training sections.

**Practicing Ophthalmologists:** Complete Medical School, Ophthalmology Training and Fellowship/Additional Training sections (if applicable).

### MEDICAL SCHOOL

\_\_\_\_\_  
School Name

\_\_\_\_\_  
City, State/Province and Country

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Begin Date (MM/DD/YYYY) Completion Date (MM/DD/YYYY)

Degree  MD  DO  Other \_\_\_\_\_

### PGY1 TRAINING

\_\_\_\_\_  
PGY1 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

License Number

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 ever had your medical license and/or 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.

**Academy membership year runs on a calendar year from Jan. 1 to Dec. 31, regardless of the application date.**

**2022 member application deadline is Sept. 15, 2022**

## 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#: WFBIUS6WFFX  
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 884048  
Los Angeles, CA 90088-4048  
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@ao.org  
Web: aao.org/member