

# AAOE Membership Application for Administrative Personnel

## AAOE MEMBERSHIP ELIGIBILITY

Individuals must be administrative personnel employed by a current paid member of the American Academy of Ophthalmology. Optometrists are not eligible for AAOE membership.

## GENERAL INFORMATION

Last Name		First Name		Middle Initial
Credential(s): (Check all that apply) <input type="radio"/> PhD <input type="radio"/> MBA <input type="radio"/> OCS <input type="radio"/> COA <input type="radio"/> COE <input type="radio"/> COMT <input type="radio"/> OT <input type="radio"/> CPC				
Job Title				
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)				

## EMPLOYER INFORMATION

Physician Name	Academy Member #
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## 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 the American Academy of Ophthalmic Executives does not accept optometrists or commercial representatives as members and that my employer must be a current paid 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](mailto:member_services@aao.org)