

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? $\ \square$ Yes $\ \square$ 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 $\ \square$ Home $\ \square$ 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 match any other user's primary email)	. Cannot
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 application.	your
Print Endorser's Name	
Print Endorser's Name	

CONTRIBUTIONS TO OPHTHALMOLOGY APPLICATION PROCESS Sign and date the completed application. A C.V. must be included with Describe your contributions made to ophthalmology. your application. Signature Date SUBMIT THE APPLICATION AND C.V. TO 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. QUESTIONS 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