



AMERICAN ACADEMY  
OF OPHTHALMOLOGY®  
Protecting Sight. Empowering Lives.

## FOR ADMINISTRATORS

# American Academy of Ophthalmic Executives® (AAOE®) Membership Application

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

|   |            |                |         |
|---|------------|----------------|---------|
| Last Name   | First Name | Middle Initial |         |
| Credential(s): (Check all that apply) <input type="radio"/> MBA <input type="radio"/> OCS <input type="radio"/> COA <input type="radio"/> COE <input type="radio"/> COMT <input type="radio"/> COT <input type="radio"/> CPC <input type="radio"/> Other_____ |            |                |         |
| Job Title   |            |                |         |
| Practice Name   |            |                |         |
| Practice Address  |            |                |         |
| City  | State      | Zip            | Country |
| Telephone   |            | Fax            |         |
| Email - Used to log into your account. Cannot match any other user's email. (Required)  |            |                |         |

☐ I consent to the Academy keeping me informed through member-exclusive newsletters and timely communication about the annual meeting, education, products and services that it provides to the ophthalmology community at large.

|                |                  |
|----------------|------------------|
| Physician Name | Academy Member # |
|----------------|------------------|

## PAYMENT \$349 (Membership is from January 1 to December 31, 2021)

☐ 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 |
|-----------|------|

RETURN THIS FORM TO: American Academy of Ophthalmology  
P.O. Box 394048  
San Francisco, CA 94139-4048  
F: +1 415.561.8575

QUESTIONS? Contact Member Services  
T: +1 415.561.8581  
E: member\_services@aao.org