



AMERICAN ACADEMY  
OF OPHTHALMOLOGY®  
Protecting Sight. Empowering Lives.

# AAOE Membership Application for Administrators

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

## EMPLOYER INFORMATION

Physician Name	Academy Member #
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## PAYMENT \$299 (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 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

F: +1 415.561.8575

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