AMERICAN ACADEMY™
OF OPHTHALMOLOGY

Protecting Sight. Empowering Lives.™

Membership Application (Please print clearly)

APPLICATION DEADLINE AUGUST 15

Date of Application _____

Are you a previous member of AAO? ☐ Yes ☐ 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 ☐ Home ☐ 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. Cannot match any other user's primary email)

_____
Communication Email – Optional (Academy communications will go to Primary Email unless this field is completed)

EDUCATION

MEDICAL TRAINING (Required)

_____
University/School Name

_____
City, State, and Country

Degree _____ **Date** _____/_____/_____ (MM/DD/YYYY)

OPHTHALMOLOGY TRAINING (Required)

_____
University/School Name

_____
City, State, and Country

Begin Date ____/___/____ **Completion Date** ___/___/____
(MM/DD/YYYY)

FELLOWSHIP/ADDITIONAL TRAINING (If Applicable)

_____
University/School Name

_____
City, State, and Country

_____
Type of Study (i.e. cornea, retina, etc.)

Begin Date ____/___/____ **Completion Date** ___/___/____
(MM/DD/YYYY)

If you are currently in a **full-time ophthalmology training program**, you must provide the name and signature from your program director or submit a verification letter. Beginning and end dates **must** be included in this letter.

_____
Print Program Director Name

_____
Signature of Program Director

If you are a **practicing ophthalmologist**, you must provide names of two ophthalmologists to support your application. The ophthalmologist does not need to be an AAO member.

_____
Reference Name

_____
Reference Name

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PROFESSIONAL INFORMATION

Are you certified by the following? Yes | | No

American Board of Ophthalmology _____/_____ (MM/YYYY)

*American Osteopathic
Board of Ophthalmology _____/_____ (MM/YYYY)

*Royal College of Surgeons _____/_____ (MM/YYYY)

*Please note that certificate must accompany application.

PRACTICE RESTRICTIONS

Have you been convicted of a crime within the last 7 years?
☐ Yes ☐ No

Have you ever had 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.

By submitting this application for AAO membership, **I affirm** that my medical license is valid and unencumbered in each state in which I am licensed. **I further affirm** that all information submitted on or in support of this application is true, accurate and complete. **I agree** 1) to comply with the AAO's Code of Ethics and 2) to abide by its Bylaws. **I understand** 1) my application is subject to verification by the AAO, and I release the 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) the AAO may revoke my membership.

Signature

Date

Direct inquiries to:
American Academy of Ophthalmology
Member Services
655 Beach St
San Francisco, CA 94109-1336
USA
Tel: +1.415.561.8581
Email: member_services@aao.org

Return your completed application with payment to:
American Academy of Ophthalmology
Dept #34048
PO Box 39000
San Francisco, CA 94139
USA

Fax your completed application to: +1.415.561.8575
(the AAO does not recommend that you email applications with credit card information)

APPLICATION FEE (Application fee must be enclosed and is non-refundable)

☐ **Active Fellow or Osteopathic Fellow** $975 (USD)

☐ **Active Member** $975 (USD)

☐ **Second Year in Practice** (U.S. only) $650 (USD)

☐ **First Year in Practice** (U.S. only) $425 (USD)

☐ **International Member** $495 (USD)

☐ **International Member in Training** $160 (USD)

☐ **Member in Training** (U.S. and Canada only) Waived

An **Active Fellow/Osteopathic Fellow** is a practicing ophthalmologist certified by the American Board of Ophthalmology, American Osteopathic Board of Ophthalmology or the Royal College of Physicians and Surgeons. An **Active Member** is an ophthalmologist who is not board certified and practicing within or outside of the U.S. The **first and second year in practice** categories are for ophthalmologist in their first and second year of practicing within the U.S. An **International Member** is an ophthalmologist practicing outside the U.S. An **International Member in Training** is a physician doing an ophthalmology residency or fellowship training outside the U.S. A **Member in Training** is a physician doing an ophthalmology residency or fellowship training within the U.S. and Canada.

PAYMENT INFORMATION

☐ American Express ☐ Discover ☐ JCB ☐ MasterCard
☐ Visa ☐ Bank Draft ☐ Wire Transfer

Card Number Expiration Date

Name on Card

Cardholder's Address

City/State/Postal Code Country

Make check/bank draft 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 full name on transfer)