



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

Email Required (Will be used to log in, retrieve password and receive Academy communications. Cannot match any other user's email)

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 _____



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

Mail 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) \$675 (USD)

☐ First Year in Practice (U.S. only) \$475 (USD)

☐ International Member \$525 (USD)

☐ International Member in Training \$175 (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#: WFBUS6WFFX
Account #: 4121478242
Account Name: American Academy of Ophthalmology
(Please include your full name on transfer)