

Who Can Join the American Academy of Ophthalmology?

The Academy invites membership from any practicing ophthalmologist or medical doctor currently enrolled in an ophthalmology training program. Ophthalmologists from any country can join.

What Are the Benefits of Membership?

Apart from the prestige of belonging to an internationally renowned medical organization, all Academy members receive access to information not available elsewhere, as well as, valuable benefits at no additional cost. These benefits include:

- **Free registration** for the Academy's Annual Meeting, the world's premier ophthalmological event.
- **Free subscription** to *Ophthalmology*, the Academy's scientific journal (also available online www.aaojournal.org).
- **OphSource.org** — A convenient online resource, providing opportunities to subscribe to full-text issues of top-rated, peer-reviewed ophthalmology publications, as well as access to free tables of contents, article abstracts, and e-alerts.
- **Free subscription** to *EyeNet Magazine*, the Academy's monthly magazine offering resources and perspective for the eye care community.
- Access to the "Members Only" sections of the Academy's web site, www.aao.org, including Clinical Information, Educating Your Patients and Practice Management.
- Biographical listing in the Academy's *Member Directory & Industry Guide*, the most comprehensive "Who's Who" of ophthalmology worldwide. (PLEASE NOTE: Listing in the directory is based upon approval of Membership by the Board of Trustees during this year's Annual Meeting and becomes effective the following year the directory is published).
- Listing in *Find an Eye M.D.*, the Academy's online directory of practicing ophthalmologists (PLEASE NOTE: Listing in Find an Eye M.D. is based upon approval of Membership by the Board of Trustees during this year's Annual Meeting and becomes effective the following year. Members in Training will not be listed until all training is completed).
- *Academy Express*, a weekly electronic newsletter of current events in ophthalmology such as new journal studies, specialty news and views, and Academy and industry news.
- Continuing Medical Education (CME) credit reporting service, now available online at www.aao.org/cme.
- Member discounts on Academy materials, programs, and services.
- Advocacy — The Academy is your voice in governmental affairs.
- Academy sponsored insurance programs through:
 - **Ophthalmic Mutual Insurance Company** (OMIC) — including Professional Liability, Directors and Officers Liability, Managed Care Liability, Worker's Compensation, and Business Owners coverage.
 - **Marsh Affinity Group Services** — including Term Life, Disability Income, Office Overhead Expense, Long Term Care, Medicare Supplement, Catastrophic Major Medical, Individual, Short-Term, Small Employer Major Medical.
- Eligibility to apply for a credit card with no annual fee, low rates, high credit lines, access to a full service travel agency and travel insurance, as well as, eligibility to apply for a personal and business line of credit.
- *SimplifEye Ophthalmic Purchasing Program* from Henry Schein Inc. offers specially negotiated preferred pricing on hundreds of medical, surgical, and front office supplies.
- Special Member Price for *Journal of Refractive Surgery* — Academy members receive 40% off the standard individual rate. (Available through the Academy online store publications.)

To Join

STEP 1

Select the type of membership you qualify for: **Active Fellow, Member, Osteopathic Fellow, or Member in Training.**

Please Note: If you are applying for the Member in Training category, verification of training must be submitted with the application. You must either attach an official letter of acceptance to the program or have your program director/chair complete the Training Verification section of the application.

First and Second year in practice categories will be based on the last completed training program.

STEP 2

Complete the application in its entirety. All required sections of the application must be completed including your medical education or your application will not be processed.

STEP 3

Provide a statement of endorsement from an Active Fellow or Member. A Fellow/Member is a current member of the Academy and is a practicing ophthalmologist. If you are in training, your program director may endorse you for membership.

STEP 4

Sign and date the completed application. Mail or fax it to the Academy, attention Member Services, with your application fee. This fee covers your membership from the time we receive and process your application through December 31.

STEP 5

A new member packet will be mailed to you within three to five weeks after we receive your completed application. This information will confirm your status as a *Candidate* for membership. Upon receiving the confirmation, you may begin ordering educational materials at the member price. Other member benefits, such as your subscription to the journal of *Ophthalmology* and *EyeNet Magazine*, will commence within four to six weeks.

Please Note: If you have not received your new member packet within 3 – 5 weeks, please contact Member Services.

STEP 6

Final membership approval is subject to the recommendation of the Board of Trustees and election by a vote of the membership at the Annual Business Meeting in the fall.

QUESTIONS:

CONTACT MEMBER SERVICES AT OUR TOLL FREE NUMBER 866.561.8558 EXT. 581, 415.561.8581, BY FAX AT 415.561.8575, OR BY E-MAIL AT MEMBER_SERVICES@AAO.ORG

Application for: (please check one)

APPLICATION DEADLINE JULY 15

- Active Fellow** (for practicing ophthalmologist in any country certified by the American Board of Ophthalmology or the Royal College of Physicians and Surgeons)
- Active Osteopathic Fellow** (for practicing osteopathic ophthalmologist in any country, certified by the American Osteopathic Board of Ophthalmology)
- Active Member** (for practicing ophthalmologist in any country)
- Second Year In Practice** (U.S. practicing ophthalmologist only)
- First Year In Practice** (U.S. practicing ophthalmologist only)

APPLICATION DEADLINE AUGUST 15

- Member in Training**
(for medical doctors enrolled in an ophthalmology training program in the U.S.)

Personal Data

Please type or print *clearly* all information exactly as you would like it to appear in your Academy records and files.

Last Name			
First Name		Middle Initial	

Preferred mailing address for all Academy correspondence. This is Office address Home address **(Important: please check one)**

Practice Name (if applicable)			
Apartment or Suite Number			
Street Address (line 1)			
Street Address (line 2)			
City			
State/Province			
Country			
Postal Code			
Office Phone Number			
Office Fax Number			
E-mail Address			
Web Site Address			

The Academy will protect your e-mail address from inappropriate use. If the Academy determines the use of your e-mail is of benefit to its members and/or their patients, the Academy may, with the approval of its Executive Vice President, provide your e-mail address to a third party.

<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth (mm/dd/yy)	
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Please continue to next page

Applicant Name

Medical Training Complete all information pertaining to your medical training, licensing, and certification.

Name of Medical School

City and State

Degree(s)
(e.g. MD, DO, MBBS)

Month/Year
(mm/yy)

Formal Training in Ophthalmology (Required)

Name of School or Program

City and State

(City and Country for outside U.S.)

Beginning Date
(mm/yy)

Completion Date (or expected completion date)
(mm/yy)

Other Training in Ophthalmology (Optional)

Name of School or Program

Director/Chair Name

Type of Study

(e.g. cornea, glaucoma, retina)

Beginning Date
(mm/yy)

Completion Date (or expected completion date)
(mm/yy)

Postgraduate Degrees Other than Formal Medical Degree (Optional)

Name of School or Program

Type of Study

(e.g. cornea, glaucoma, retina)

Degree(s)
(e.g. MD, DO, MBBS)

Month/Year
(mm/yy)

Licensing & Certification

Do you have a valid and unrestricted license to practice medicine? Yes No

If no, explain: _____

Which state/country? _____ Date you began to practice ophthalmology (mm/yy) _____

Certified by the American Board of Ophthalmology: Yes No Date of certification (mm/yy) _____

Certified by the American Osteopathic Board of Ophthalmology: Yes No Date of certification (mm/yy) _____

Certified by another board (attach copy of certificate): Yes No Date of certification (mm/yy) _____

Name of any other certifying board (attach copy of certificate): _____

Statement of Endorsement and Training Verification

Applicant Name
(Please print your full name)

Applicants applying for Active Fellow, Osteopathic Fellow or Member must obtain an endorsement signature from an Active Academy member.

By signing the endorsement for this Applicant for membership in the American Academy of Ophthalmology, I certify that I am an Active or Life Fellow, Active or Life Osteopathic Fellow, Active Member of the Academy and that I have personal knowledge of the Applicant and am familiar with the Applicant's professional competence and conduct. I know that the Applicant has attained a high level of professional competence and conforms to the ethical standards embodied in the Academy's Code of Ethics and that upon request I shall provide all necessary information to verify the truth and accuracy of this certification.

(Please check one)

- Active/Life Fellow**
 Active Osteopathic Fellow
 Active Member

Print Full Name

Signature

Date

Academy ID Number
(optional)

Training Verification **Applicants applying for Member in Training must complete this section**

If you are currently in a training program, we will need the following verification from your program. The Chair or Director of your formal ophthalmology training program is required to complete the section below or you may attach a copy of your letter of acceptance (begin and end dates of training must be included in the letter).

I, (Name of Program
Chair/Director)

certify that I am the Chair/Director of the training program shown below and that the Applicant is currently enrolled in this formal approved ophthalmology training program.

This is a (please check one) **Residency Program** (or formal training in ophthalmology) **Fellowship Program**

Type of Study
(e.g. cornea, glaucoma, retina)

Name of School or Program

Beginning Date
(mm/yy)

Completion Date (or expected completion date)
(mm/yy)

Signature
Program Chair/Director

Date

Practice Restrictions

Have you been convicted of a felony (serious crime) within the last seven years?

Yes **No**

(If yes, please explain fully on a separate sheet of paper and attach to the application)

Have you ever had hospital privileges denied, revoked, conditioned, suspended, limited, qualified or subjected to the terms of probation or restricted; had a health maintenance organization, preferred provider arrangement, or other managed health care plan deny or revoke your status as a participating provider; had your license to practice medicine in any state

or country expire or surrendered; or had your license to practice medicine in any state or country or the conduct of your practice of medicine in any state or country revoked, conditioned, suspended, limited, qualified, subjected to the terms of probation or restricted by a court or administrative agency?

Yes **No**

(If yes, please explain fully on a separate sheet of paper and attach to the application)

Have you voluntarily surrendered your hospital privileges?

Yes **No**

(If yes, please explain fully on a separate sheet of paper and attach to the application)

BY SIGNING AND SUBMITTING THIS APPLICATION, I AGREE THAT I HAVE READ AND FULLY UNDERSTOOD IT, AND I AGREE THAT EACH OF THE FOLLOWING STATEMENTS ARE TRUE: All information submitted on or in support of this application is true, accurate, and complete. I understand and agree that all such information is subject to review and verification by or under the supervision of the Board of Trustees of the American Academy of Ophthalmology ("Academy"). I authorize and consent to that review and verification and all inquiries and good faith disclosures about me that may be made in the course of that verification process. I authorize all persons who have information about me to report such information to the Academy. I hereby waive and release, indemnify, and hold harmless the Academy and its Members, Trustees, officers, employees, and representatives, the endorsers of this application, and all other persons and entities, or any of them, seeking, obtaining, providing, disclosing or acting upon any such information about me, from, against, and with respect to any and all claims, losses, costs, expenses, damages, liabilities, and judgements of any kind arising, or alleged to have arisen, out of, with respect to, or in any

connection with seeking, obtaining, providing, disclosing, or acting upon any such information. I understand that I may become a Member of the Academy only upon the affirmative recommendation of the Board of Trustees of the Academy and my subsequent election to that status by the voting Fellows and Members of the Academy. I agree to comply with the Academy's Code of Ethics as a condition of initial and continued membership in the Academy. I understand and agree that if I am elected a Member of the Academy, my continued status as a Member will be subject to all of the terms and conditions of the Bylaws of the Academy, and that the Board of Trustees of the Academy may revoke my membership if this application contains or is supported by information that omits or contains a substantial misstatement of any fact required or permitted by this application or the related instructions to be included on or submitted with or in support of this application.

The American Academy of Ophthalmology does not discriminate in membership as to race, national origin, religion, creed, gender or sexual preference.

Signature of Applicant		Date	
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The Academy will notify you of your candidacy status following verification and confirmation of your application and Statement of Endorsement. Final membership approval is subject to the recommendation of the Board of Trustees. Election to membership is conducted by vote at the Annual Business Meeting held during the Academy's Annual Meeting in the Fall of each year.

Application Fee

Please check your fee amount:

- Active Fellow, Osteopathic Fellow, and Member** . . . \$825
- Second year in practice** \$600
- First year in practice** \$400
- Member in Training** waived

Make check, money order, cashier's check or draft payable on a U.S. bank in U.S. dollars to the American Academy of Ophthalmology. **Payment must be enclosed with your application.**

For International Transfers:
Swift #BOFCUS33MPK
Account #7000082435 for benefit of American Academy of Ophthalmology
(Please include full name on transfer)

Please check your method of payment:

- | | | |
|--|---|--|
| <input type="checkbox"/> check | <input type="checkbox"/> money order | <input type="checkbox"/> cashier's check |
| <input type="checkbox"/> VISA | <input type="checkbox"/> MasterCard | <input type="checkbox"/> American Express |
| <input type="checkbox"/> Discover | <input type="checkbox"/> bank draft | <input type="checkbox"/> wire transfer |

To wire transfer funds to the Academy, use the following bank information:
Union Bank
400 California Street
San Francisco, CA 94104

For Domestic Transfers:
ABA#122000496
Account #7000082435 for benefit of American Academy of Ophthalmology

Signature			
Card Number		Expiration Date (mm/yy)	
Name on Card			
Cardholder's Billing Address 1			
Cardholder's Billing Address 2			
City/State/Zip			
Country			

Please return your completed application to:

American Academy of Ophthalmology
P.O. Box 45624
San Francisco, CA 94145-0624
Fax your completed application to:
(415) 561-8575

Please send me more information about membership for:

- ISRS/AAO AAOE

Please direct inquiries to:

American Academy of Ophthalmology
Member Services
655 Beach St.
San Francisco, CA 94109-1336
Tel: (415) 561-8581
Fax: (415) 561-8575
E-mail: member_services@aaopt.org

Do not write in this space; for accounting only:

Pmt. Rec'd _____

Date: _____

Lockbox Batch #: (if applicable) _____

Amt.: _____

By: _____

ISRS/AAO



International Society of Refractive Surgery
of the American Academy of Ophthalmology

ISRS | AAO

Join the Association that has earned the worldwide reputation as the Global Leader in Refractive Surgery, The International Society of Refractive Surgery of the American Academy of Ophthalmology (ISRS/AAO).

What is ISRS/AAO?

The International Society of Refractive Surgery of the American Academy of Ophthalmology (ISRS/AAO) is the world's largest and strongest eye care organization, solely dedicated to refractive surgery. Membership provides many opportunities to keep up with the latest in clinical and research developments in refractive surgery, as well as access to the world's leading refractive surgeons for specific clinical case questions and issues.

Member Benefits and Services include:

- FREE Subscription to the official publication of ISRS/AAO, the Journal of Refractive Surgery.
- Reduced registration fee for the Refractive Surgery Subspecialty Day Meeting
- Reduced registration for the ISRS/AAO Meeting held annually at a location outside of the United States.
- Access to an online clinical forum (ISRS.org)

For additional information about ISRS/AAO membership, call 415.561.8581, e-mail member_services@aao.org or visit the Web site at www.isrs.org.

AAOE



AMERICAN ACADEMY
OF OPHTHALMIC EXECUTIVES

A Partner of the American Academy of Ophthalmology

Join the Association dedicated to addressing the needs of those responsible for managing the business side of an ophthalmic practice, The American Academy of Ophthalmic Executives (AAOE).

What is AAOE?

A partner of the American Academy of Ophthalmology, AAOE offers tools and professional development programs designed to address the key competencies defining the roles of ophthalmic administrators, office managers and managing and practicing physicians.

Member Benefits and Services include:

- Three Helpful monthly newsletters, including: The Coding Bulletin, The Executive Update, and *Techniques*.
- Monthly issue of EyeNet Magazine, which includes Practice Perfect and the Savvy Coder
- Subscription access to three AAOE Listservs: Etalk, E-Expert, and E-Retina/AAOE
- Free Annual Meeting registration, if you join by August 15
- Access to AAOE's Online Library
- Discount pricing on Academy products
- Free use of the Academy's Customized Coding Answer Service.

For additional information about AAOE membership, call 415.447.0342, e-mail emilligan@aao.org or visit the Web site at www.aao.org/joinaaoe.



JOINT MEETING

—LAS VEGAS—

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November 11-14, 2006

