AMERICAN ACADEMY OF OPHTHALMOLOGY®
Protecting Sight. Empowering Lives.

FOR OPHTHALMOLOGISTS

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

Physician applicant must be a member of the American Academy of Ophthalmology.

Academy Member Number (Required)

Last Name | **First Name** | **Middle Initial**

Credential(s): (Check all that apply) ◯ MD ◯ DO ◯ PhD ◯ MBA ◯ MPH

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 communications about the annual meeting, education, products and services that it provides to the ophthalmology community at large.**

PAYMENT $309 (Membership is from January 1 to December 31, 2024)

◯ 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 I must be a 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 refunded.

Signature | **Date**

RETURN THIS FORM TO:
American Academy of Ophthalmology
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Los Angeles, CA 90088-4048

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QUESTIONS? Contact Member Services
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E: member_services@aao.org