



Oklahoma Academy of Ophthalmology

Application for Membership

Category (check one)

- Practicing Ophthalmologist \$700
- 1st year practicing in OK \$350
- 2nd year practicing in OK \$575
- Resident/Fellow \$0

General Information

Full Name		Degree(s)
Primary Office Address (preferred address for mailing? <input type="checkbox"/>)		
Home Address - not shared with anyone (preferred address for mailing? <input type="checkbox"/>)		
Email Address: May other OAO members view this email address?: <input type="checkbox"/> yes <input type="checkbox"/> no		
Preferred Phone Number	Preferred Fax Number	Include in "Find an EYE MD" public search?
Specialty within Ophthalmology	Location (cities) of any satellite offices	Date of Birth

Education & Credentials

Medical Education (School & Completion Date)
Residencies/Fellowships (Programs & Completion Dates)
By signing below, you certify that: 1. The above information is true. 2. You hold a current, unrestricted license to practice medicine and surgery or osteopathic medicine and surgery in Oklahoma. 3. And you are engaged in the practice of ophthalmology in the State of Oklahoma. Or for Resident/Fellow Members, you are engaged full time in an accredited ophthalmology residency training program or fellowship in the State of Oklahoma.

I hereby apply for membership in the OAO, and, if elected, agree to abide by its Constitution & Bylaws.

Signature	Date of Application
Please mail to: Oklahoma Academy of Ophthalmology, 401 West 15th Street, #825, Austin, TX 78701 (512) 370-1549 Fax: (512) 370-1637 www.OklahomaEyes.org Please include payment per the dues schedule	

Credit Card Payment

Card Number: _____
 CVV2 Number _____ (4-digit # on front of AmEx or 3-digit # on back of other cards)
 Name on Card: _____ Exp Date: _____
 Billing Address: _____