

APPLICATION FOR NYSOS MEMBERSHIP

Please Check One:

Full-Time Practice \$425

Part-Time Practice (<20 hours/week) \$255

Second Year Practice \$255

First Year Practice Dues Waived

Fellow Dues Waived

Resident Dues Waived

PERSONAL INFORMATION

Name: _____
(Last)
(First)
(Middle Initial)

Title (check all that apply): MD DO PhD JD Other: _____

Home Address: _____
(Street)
(City)
(State)
(Zip)

Home Phone: () _____ Date of Birth: _____

Personal Email: _____ Business Email: _____

PRACTICE INFORMATION

Primary Office Address: _____
(Street)
(City)
(State)
(Zip)

Phone: () _____ Fax: () _____

Satellite Office Address: _____
(Street)
(City)
(State)
(Zip)

Phone: () _____ Fax: () _____

Medical License No: _____ State Issued: _____ Exp. Date: _____

Number of Years in Practice: _____

Type of Practice: Solo Private Practice Hospital-Based HMO
 Group Private Practice University-Based

Subspecialty/Practice Focus: Cornea/External Disease Oncology
(Fellowship trained or >50% of practice) General Pediatric
 Glaucoma Refractive Surgery
 Medical Retina Retina/Vitreous
 Neuro Other: _____
 Oculoplastics

Hospital Appointments: _____

EDUCATION

Premedical Education: _____ Degree: _____ Completion Date: _____
(College or University)

Medical School: _____ Completion Date: _____

Residency: _____ Completion Date: _____

Fellowship(s): _____ Completion Date: _____

ABO Certification: Yes No Year: _____ (If no, are you eligible? Yes No)

Other certification: Yes No (If yes, by whom: _____)

PROFESSIONAL/HONORARY AFFILIATIONS

Medical Society Memberships:

- American Academy of Ophthalmology
- American Medical Association
- American Society of Cataract & Refractive Surgery
- Medical Society of the State of New York
- Regional Ophthalmological Society
- Other: _____

AREAS OF INTEREST

Please check all that apply:

- Third Party Payer Issues
- State Legislation
- Federal Legislation
- Membership
- Public Education
- Clinical Education
- Resident Advocacy Education
- Ophthalmic Staff Education
- Other: _____

I hereby submit my application for membership in the New York State Ophthalmological Society and in signing this application agree to abide by the organization's By-laws.

Signature: _____

Date: _____