



ARIZONA OPHTHALMOLOGICAL SOCIETY

MEMBERSHIP APPLICATION

NAME: _____
(Last) (First) (Middle)

MAIN PRACTICE ADDRESS: _____

OTHER PRACTICE LOCATIONS (NAME OF CITY[IES] ONLY): _____

HOME ADDRESS: _____

E-MAIL: _____ WEBSITE _____

TELEPHONE: (OFFICE) _____ (HOME) _____

FAX: (OFFICE) _____ (HOME) _____

PREFER MAIL SENT TO: HOME _____ OFFICE _____

MEDICAL LICENSE #: _____ STATE: _____ DATE: _____

Primary BOARD
SPECIALTY: _____ CERTIF.? Y or N DATE: _____

Other Interests or Specialties (such as glaucoma, Lasik, etc.)

INTEREST OR SPECIALTY: _____

INTEREST OR SPECIALTY: _____

INTEREST OR SPECIALTY: _____

MEDICAL SCHOOL: _____

DEGREE: _____ YEAR OF GRADUATION: _____

INTERNSHIP: _____ DATES: _____ to _____

RESIDENCY: _____ DATES: _____ to _____

_____ DATES: _____ to _____

FELLOWSHIP(S): _____ DATES: _____ to _____

_____ DATES: _____ to _____

AZ HOSPITAL PRIVILEGES: _____

MEMBERSHIPS HELD IN OTHER MEDICAL ASSOCIATIONS:

American Academy of Ophthalmology American Medical Association Arizona Medical Association

OTHER _____

CURRENT PRACTICE (Practice name, hospital, clinic, etc. and dates):

PLEASE LIST ANY CURRENT BUSINESS PARTNERS AND/OR ASSOCIATES:

1. _____ 3. _____
 Typed Name Typed Name
2. _____ 4. _____
 Typed Name Typed Name

NAME AND CONTACT INFORMATION OF AN ACTIVE SOCIETY MEMBER IN GOOD STANDING THAT WE CAN CONTACT TO PROVIDE A LETTER OF RECOMMENDATION FOR YOUR APPLICATION.

1. _____
 Typed Name

Email (preferred) or Mailing Address

By signature of this application: I agree to abide by the policies set forth in the Arizona Ophthalmological Society Policy Manual and conform to the Code of Ethics of the Arizona Ophthalmological Society. A signed copy of the Code of Ethics must be included with the application, along with a current CV.

APPLICANT'S SIGNATURE: _____

DATE: _____

PLEASE COMPLETE AND RETURN WITH CV TO:
ARIZONA OPHTHALMOLOGICAL SOCIETY
810 West Bethany Home Road, Phoenix, AZ 85013
(602) 347-6901 (602) 242-2515 fax
patriceh@azmedassn.org
www.azeyemds.org

Date Approved by AOS: _____