



The American Academy of Ophthalmology's combined dues program with the Arizona Society of Eye Physicians and Surgeons facilitates maintaining membership in both organizations simultaneously. The Academy continues to lobby for increased reform of the prior authorization process, fight against step-therapy, and protect the valuation and integrity of ophthalmic surgery.

At the state level, we remain involved in health care advocacy with a multitude of other primary and subspecialty societies through the Arizona HealthCare Advocacy Coalition. With the turnover of many incumbents, this year is especially important to maintain a prominent presence. We are working to continue leadership in local and statewide advocacy efforts and upholding our professional responsibilities. Additionally, we just hosted our second post-COVID CME meeting in Flagstaff with great success and accolades.

Supporting these efforts at the State and at the National level helps our profession and our patients.

We need your continued support and membership! Annual dues can be paid via MasterCard or VISA as outlined below, or by check.

If you have questions regarding your annual dues, please contact our executive director at [ophthalmology@azmed.org](mailto:ophthalmology@azmed.org).

Sincerely,

President, Arizona Society of Eye Physicians and Surgeons

No portion of your dues is deductible for tax purpose as an ordinary and necessary business expenditure subject to restrictions imposed as a result of Society activities. Charitable contributions for gifts made to the Arizona Society of Eye Physicians and Surgeons are not deductible as charitable contributions for federal income tax purposes.

Membership Dues/Categories	
<input type="radio"/> Active	\$500.00
<input type="radio"/> Associate	\$500.00
<input type="radio"/> Special	\$250.00
<input type="radio"/> Retired	\$0.00
<input type="radio"/> Member-in-Training (medical students & residents) NEW	\$25.00

Total Enclosed \$

Name	<input type="text"/>
Street Address	<input type="text"/>
Street Address	<input type="text"/>
City	<input type="text"/>
Zip	<input type="text"/>
Email	<input type="text"/>
Phone	<input type="text"/>
Fax	<input type="text"/>

Return entire page in the State Ophthalmology Society Invoice envelope provided.

Payment Options	
<input type="radio"/> Personal Check <input type="radio"/> Credit Card	
Card Number	<input type="text"/>
Name on Card	<input type="text"/>
Expiration Date	<input type="text"/>
Signature	<input type="text"/>
Billing Address	<input type="text"/>
City/State/Zip	<input type="text"/>

Arizona Society  
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