

**NEW ORLEANS ACADEMY OF OPHTHALMOLOGY
MEMBERSHIP APPLICATION**

BASIC INFORMATION:

Full Name _____ Date _____

Office Address _____

Telephone _____ Fax _____ e-mail _____

Residence _____ Telephone _____

Place of Birth _____ Date of Birth _____ Citizenship (y or n) _____ Date _____

Married _____ Single _____ Spouse's Name _____

How long have you been practicing in the current area? _____

MEDICAL EDUCATION:

Medical School _____ Degree _____ Dates _____

Internship: Hospital _____ Dates _____

Graduate Training Following Internship: Institution _____ Dates _____

Residencies _____ Dates _____

Or

Fellowships _____ Dates _____

Assistantships _____ Dates _____

Teaching Appointments _____ Dates _____

Postgraduate Education _____ Dates _____

Licensure: State or Province _____ Date _____

PROFESSIONAL MEMBERSHIPS:

Active _____ Associate _____ Parish/County Med. Society _____ Date _____

Fellow in American College of Surgeons _____ Date _____

Fellow in American Academy of Ophthalmology _____ Date _____

Board Certified _____ Date _____

Board Qualified _____ Date _____

Other Medical Societies _____ Date _____

Military Service _____ Date _____

Signed _____

NOTE: Two letters from Active Members (**N. O. area ophthalmologists only**) must accompany this application along with a \$50.00 check for the initiation fee. Dues are \$350 per year. An invoice for dues will be sent upon approval of application. This application should be sent to: **924 Valmont Street, Ste. 301B, New Orleans, LA 70115**