

**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: Please include a valid copy of your medical license and a \$50 check for the initiation fee.

New Orleans ophthalmologists must obtain two letters from Active Members.

An invoice for dues will be sent upon approval of application. Dues are \$375-475 per year.

This application should be sent to: **8131 Oak Street, Ste. 300 New Orleans, LA 70118** or fax to: **504-861-2549**.