



American Academy of Optometry

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Rockville, MD 20852 USA

(301) 984-1441, FAX: (301) 984-4737, aaoptom@aaoptom.org, www.aaopt.org

2008 DUES INVOICE: Honorary Fellow, Life Fellow, Disabled Fellow or Life Emeritus Fellow* For January 1, 2008–December 31, 2008 Calendar Year

***NOTE: Please use this form to update your personal information and/or subscribe to OVS**

A. Personal Information	AAO ID Number:								
1. Your Name and Mailing Address									
2. Your Phone Number:									
3. Your Fax Number:									
4. Your E-mail Address:									
5. Do you see patients? Yes or No									
6. What is your present professional setting? Select one of the following.									
<table style="width:100%; border:none;"> <tr> <td style="width:25%;">E = Optometric Educator</td> <td style="width:25%;">M = Multidisciplinary</td> <td style="width:25%;">R = Retired</td> <td style="width:25%;">O = Other</td> </tr> <tr> <td>F = Federal Service Optometrist</td> <td>P = Private practice</td> <td>ST = Secondary, Tertiary Care</td> <td>V = Vision Scientist/Researcher</td> </tr> </table>		E = Optometric Educator	M = Multidisciplinary	R = Retired	O = Other	F = Federal Service Optometrist	P = Private practice	ST = Secondary, Tertiary Care	V = Vision Scientist/Researcher
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F = Federal Service Optometrist	P = Private practice	ST = Secondary, Tertiary Care	V = Vision Scientist/Researcher						
7. What is your Section affiliation? Select as many as you would like.									
<table style="width:100%; border:none;"> <tr> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> Binocular Vision, Perception and Pediatric Optometry <input type="checkbox"/> Cornea and Contact Lens <input type="checkbox"/> Disease <input type="checkbox"/> Low Vision </td> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> Optometric Education <input type="checkbox"/> Primary Care <input type="checkbox"/> Public Health and Environmental Optometry <input type="checkbox"/> Vision Science </td> </tr> </table>		<input type="checkbox"/> Binocular Vision, Perception and Pediatric Optometry <input type="checkbox"/> Cornea and Contact Lens <input type="checkbox"/> Disease <input type="checkbox"/> Low Vision	<input type="checkbox"/> Optometric Education <input type="checkbox"/> Primary Care <input type="checkbox"/> Public Health and Environmental Optometry <input type="checkbox"/> Vision Science						
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B. Dues Calculation: Honorary/Life Fellow (FH/FL) Disabled Fellow (FD) Life Emeritus (FS)									
1. Dues Amount = zero	1. _____ \$00								
2. Subscription to print version of <i>Optometry and Vision Science (OVS)</i> = \$62	2. _____								
C. Contributions (Note: both are tax deductible as charitable contributions)									
Student Travel Fellowship (STF) Fund	For STF: _____								
American Optometric Foundation (AOF)	For AOF: _____								
D. Total Payment	\$ _____								
E. Payment Method									
Payment must be made in U.S. dollars: drawn on a bank in the United States, American Express Traveler's Check, U.S. Dollar World Money Order, Visa, MasterCard or American Express.									
<input type="checkbox"/> Check/Traveler's Check Enclosed									
<input type="checkbox"/> U.S. World Money Order Enclosed									
OR by credit card <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express									
Account #: _____	Your Signature: _____								
Card Expires: _____	Your Name (please print): _____								
<ul style="list-style-type: none"> • Academy dues may be deductible to members for federal income tax purposes as ordinary and necessary business expenses. \$62.00 included in dues is for a subscription to <i>Optometry and Vision Science (OVS)</i>. The subscription is not optional and may not be deducted from dues. • Contributions to the STF Fund and the AOF may be deducted as charitable contributions. • Duplicate payments will be credited to next year's dues. 									
Please contact Ellen Ross by phone (301) 984-1441 or e-mail membership@aaoptom.org , if you have any questions about your dues.									