



American Academy of Optometry

6110 Executive Boulevard, Suite 506

Rockville, MD 20852 USA

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

2008 DUES INVOICE: Fellow PAYMENT DUE UPON RECEIPT For January 1, 2008–December 31, 2008 Calendar Year

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: Fellow (FR) Dues Amount = \$325		\$325								
C. Contributions (<i>Note: both are tax deductible as charitable contributions</i>) Student Travel Fellowship (STF) Fund American Optometric Foundation (AOF)		For STF: _____ 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. <p>Please contact Ellen Ross by phone (301) 984-1441 or e-mail membership@aaoptom.org, if you have any questions about your dues.</p>										