



January –December 2012 Dues Payment Form
Login to www.aaopt.org to PAY YOUR DUES ONLINE!

A. Personal Information	Please make any changes to your personal information directly below.							
Academy Member # _____								
1. Mailing Address _____								
2. Phone Number: _____								
3. Fax Number: _____								
4. E-mail Address: _____								
5. Do you see patients? _____								
6. What is your present professional setting? E = Optometric Educator P = private practice O = other F = Federal Service R = retired M = multidisciplinary V = vision scientist/researcher ST = secondary, tertiary care facility								
7. Section Affiliation								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width:25%;">Binocular Vision, Perception and Pediatric Optometry</td> <td style="width:25%;">Cornea and Contact Lens</td> <td style="width:50%;">Primary Care</td> </tr> <tr> <td>Low Vision</td> <td>Public Health & Environmental Optometry</td> </tr> <tr> <td>Optometric Education</td> <td>Vision Science</td> </tr> </table>	Binocular Vision, Perception and Pediatric Optometry	Cornea and Contact Lens	Primary Care	Low Vision	Public Health & Environmental Optometry	Optometric Education	Vision Science	
Binocular Vision, Perception and Pediatric Optometry		Cornea and Contact Lens	Primary Care					
		Low Vision	Public Health & Environmental Optometry					
	Optometric Education	Vision Science						
8. Special Interest Groups								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Anterior Segment</td> <td style="width:25%;">Glaucoma</td> <td style="width:50%;">Vision and Aging</td> </tr> <tr> <td>Fellows Doing Research</td> <td>Ocular Nutrition</td> <td></td> </tr> </table>	Anterior Segment	Glaucoma	Vision and Aging	Fellows Doing Research	Ocular Nutrition			
Anterior Segment	Glaucoma	Vision and Aging						
Fellows Doing Research	Ocular Nutrition							
B. Dues Calculation: Fellow (FR)								
<ul style="list-style-type: none"> • On or before January 31 \$325 • February 1 to March 15 \$345 (\$20 late fee) • March 16 to April 30 \$365 (\$40 late fee) • May 1 and later \$365+\$60 reinstatement fee+3%/month 	\$ _____							
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. Additional Payment Methods								
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"> • Make Checks payable to American Academy of Optometry. • 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 Stephen Morse by phone (240) 880-3083 or e-mail <StephenM@aaoptom.org>, if you have any questions about your dues.								