



**2012 DUES PAYMENT FORM: Honorary Fellow, Life Fellow, Disabled Fellow, Life Emeritus\***

\*Please use this form to update your personal information and/or to subscribe to OVS.

|  |                                  |
|--|----------------------------------|
| <b>A. Personal Information</b>   |                                  |
| 1. Name and Mailing Address  | AAO ID Number: _____             |
| _____<br>_____<br>_____  |                                  |
| Do not show address in Fellowship Directory <input type="checkbox"/>   |                                  |
| 2. Office Phone Number: _____  |                                  |
| 3. Cell Phone Number: _____  |                                  |
| 4. Fax Number: _____   |                                  |
| 6. E-mail Address: _____   |                                  |
| Do not show e-mail address in Fellowship Directory <input type="checkbox"/>  |                                  |
| Subscription to <i>Optometry and Vision Science (OVS)</i> – Optional = <u>\$62.00</u>  | 1. ___\$ 62_____                 |
| <b>C. Contributions</b> ( <i>Note: both are tax deductible as charitable contributions</i> )<br>Student Travel Fellowship (STF) Fund<br>American Optometric Foundation (AOF)   | For STF: _____<br>For AOF: _____ |
| <b>D. Total Payment</b>  | \$ _____                         |
| <b>E. Additional Payment Methods</b>   |                                  |
| Payment must be made in <b>U.S. dollars</b> : 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<br>OR by credit card <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express |                                  |
| Account #: _____ Card Expires: _____   |                                  |
| Name on Card(please print): _____  |                                  |
| Your Signature: _____  |                                  |
| <ul style="list-style-type: none"> <li>• Contributions to the STF Fund and the AOF may be deducted as charitable contributions.</li> <li>• Duplicate payments will be credited to next year's OVS.</li> </ul>                                      |                                  |
| Please contact Stephen Morse by phone (240) 880-3083 or e-mail <membership@aaoptom.org>, if you have any questions about your dues.  |                                  |