



# American Academy of Optometry

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## 2004 DUES NOTICE: FELLOW For January 1, 2004–December 31, 2004 Calendar Year

<b>A. Personal Information</b>	<b>AAO ID Number:</b>								
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>V = Vision Scientist/Researcher</td> <td></td> </tr> </table>		E = Optometric Educator	M = Multidisciplinary	R = Retired	O = Other	F = Federal Service Optometrist	P = Private practice	V = Vision Scientist/Researcher	
E = Optometric Educator	M = Multidisciplinary	R = Retired	O = Other						
F = Federal Service Optometrist	P = Private practice	V = Vision Scientist/Researcher							
<b>B. Dues Calculation:</b> Fellow (FR) 1. Dues Amount = \$260.00 2. Section Affiliation Your first section selection is included with your dues, each additional section is \$20.00. <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 <input type="checkbox"/> Vision Science                      Number checked ___ -1 = ___ x \$20.00 = _____ 3. Airmail OVS journal, if living outside of North America = \$40.00	1. _____          2. _____ 3. _____   For STF: _____ For AOF: _____   \$ _____								
<b>C. Contributions (Note: both are tax deductible as charitable contributions)</b> Student Travel Fellowship (STF) Fund American Optometric Foundation (AOF)									
<b>D. Total Payment</b>									
<b>E. Payment Method</b>									
Payment must be made in U.S. dollars drawn on a bank in the United States, American Express Traveler's Checks, U.S. dollar world money order, Visa, MasterCard or American Express.									
<input type="checkbox"/> Check/Traveler's Checks <input type="checkbox"/> International Money Order Enclosed  <input type="checkbox"/> 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): _____								
Academy dues may be deductible to members for federal income tax purposes as ordinary and necessary business expenses. \$55.00 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 payment will be credited to next year's dues. Please contact Deborah Brandt by phone (301) 984-1441 or e-mail <deborahb@aaoptom.org>, if you have any questions about your dues.									
<b>F. Old Friends, New Fellows Campaign</b>									
I would like to recommend colleagues who share the ideals and qualifications of an Academy Fellow. Please send an application to this colleague.									
Name: _____	Phone Number: _____								
Address: _____									
<input type="checkbox"/> Yes, you may use my name as the reference.									