



Ocular Surface Society of Optometry

Membership Application

Member Information

Last Name _____ First Name _____ Middle Initial _____

Mailing Address: Home Business _____

_____ Street Address _____ City, State _____ Zip _____

Phone: (____) _____ FAX (____) _____ E-mail _____

Professional Biographical Information

EDUCATION

Undergraduate _____ Grad Date _____

Optometry School _____ Grad Date _____

Other Degree _____ Grad Date _____

Residency _____ Year Completed _____

Fellowship _____ Year Completed _____

ACADEMIC APPOINTMENTS

Appointment _____ University _____ City/State _____ Year _____

CURRENT POSITION / SETTING

- Independent Optometric Practice, Private
- Group Optometric Practice
- College / University, Clinical
- Corporate / Industry, Research
- Other _____
- Independent Optometric Practice, Corporate
- Ophthalmology / Optometry Practice
- College / University, Research
- Corporate / Industry, Relations

Activities & Accomplishments

Publications

Please list your published works below, or attach an additional sheet or your CV to your application:

Organizations

Do you belong to any of the professional societies listed below?

- | | |
|--|---|
| <input type="checkbox"/> American Academy of Optometry | <input type="checkbox"/> Optometric Refractive Surgery Society (ORSS) |
| <input type="checkbox"/> American Optometric Association | <input type="checkbox"/> Tear Film & Ocular Surface Society (TFOS) |
| <input type="checkbox"/> Optometric Glaucoma Society | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Optometric Retina Society | |

Corporate Disclosure: _____

Membership Levels and Payment Information

Please check the applicable box for your desired membership.

- Regular (Voting) Member Annual Dues: \$ 54

Voting Members shall be graduates of an accredited optometry school and have a license in good standing with therapeutic certification. Voting Members shall have voting rights within the society, be eligible to hold office in the society, and shall pay annual dues.

- Open Member Annual Dues: \$ 54

Open Membership shall be open to vision scientists, clinicians and other individuals interested in the understanding and management of ocular surface diseases. Open membership requires the payment of dues, but no voting rights are given to open members. Open members are ineligible to hold office in the society.

- Student Member Annual Dues: \$ 0

Student membership in the Ocular Surface Society of Optometry shall be open to students in an accredited optometry school and optometric residents in an accredited residency program. Student members shall pay no dues, and shall have no voting rights in the society.

Please make checks payable to: **Ocular Surface Society of Optometry**

and mail to:

**Ocular Surface Society of Optometry
1 Prospect Park SW
Suite 4B
Brooklyn, NY 11215**