

Attach 2 x 2 in B&W Photo

ALABAMA ACADEMY OF OPHTHALMOLOGY

Membership Application

2012 Seaton Park-Sturbridge Commons

Montgomery, AL 36116

Tel: (334) 279-9755 Fax: (334) 277-2035 E-mail: jmikemerrill@gmail.com

In accordance with the ALAO By-Laws, I attest that I hold a degree of Doctor of Medicine or Doctor of Osteopathy, having completed an approved residency in ophthalmology, and hold a valid and unrestricted license to practice medicine in the State of Alabama or other USA state.

Date of Application: _____ - _____ - _____ Membership Category (Check One)
____ Regular \$895.00/Yr.
____ Faculty or 2nd Yr. \$850.00/Yr.
____ 1st Yr. \$425.00/Yr.
____ Over 60 \$495.00/Yr.
____ Special \$250.00/Yr.

First Name: _____ Last Name: _____ MI _____

Spouse Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Bus. Tel: ()- _____ - _____ Bus. Fax: ()- _____ - _____

Bus. E-Mail: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Tel: ()- _____ - _____ Home Fax: ()- _____ - _____

Home E-mail: _____

Place and Date of Birth: _____

College Attended: (Undergraduate) Name/Dates _____

cont.

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Medical School Attended: Names/Dates: _____

Internships: Place/Dates: _____

Residency: Place/Dates: _____

Current Hospital Affiliation: _____

Teaching Appointments: _____

Please List 2 ALAO Members as References: (Name/City/Telephone Numbers)

Degree: (Circle One): MD DO

Payment Options: (Choose One)

_____ By Check: Complete this application and attach check payable to ALAO. Mail to Mike Merrill, Esq., ALAO Executive Director, 2012 Seaton Park/Sturbridge Commons, Montgomery, AL 36116.

_____ By Credit Card: Complete this application and mail or fax with your credit card information to ALAO. Fax No. 334-277-2035. ALAO will process your credit card in-house.

_____ By Credit Card On-Line: See www.alabamaeyedoctors.com to pay on-line with Pay Pal.

Type of Credit Card: (Choose One) MasterCard VISA American Express

Credit Card Number: _____ - _____ - _____ - _____ Exp. _____ - _____

Card Digit Code Number: _____

cont.

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Signature (as it appears on card): _____

Print Name: _____

Comments: _____

Questions: Contact Mike Merrill, Esq., ALAO Executive Director, 2012 Seaton Park/Sturbridge
Commons, Montgomery, AL 36116. Tel: (334) 279-9755 Fax: (334) 277-2035
E-mail: jmikemerrill@gmail.com