



FOR CLINICAL STAFF

2024 American Academy of Ophthalmic Professionals™ (AAOP™) Membership Application

Individuals must be clinical personnel (ophthalmic assistants, technicians, technologists, surgical and keratorefractive techs, photographers, nurses, and orthoptists) employed by a current paid member of the American Academy of Ophthalmology. Optometrists are not eligible for AAOP membership.

Last Name	First Name	Middle Initial
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Credential(s): (Check all that apply) COA COT COMT Other _____

Job Title

Practice Name

Practice Address

City	State	Zip	Country
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Telephone	Fax
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Email - Used to log into your account. Cannot match any other user's email. (Required)

I consent to the Academy keeping me informed through member-exclusive newsletters and timely communications about the annual meeting, education, products and services that it provides to the ophthalmology community at large.

Physician Employer Name	Academy Member #
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PAYMENT \$135 (Membership is from January 1 to December 31, 2024)

VISA MasterCard AMEX Discover Check or money order, payable to AAO

Card Number	Exp. Date	Authorized Signature
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Name on Card

Cardholder's Billing Address

City	State	Zip	Country
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I understand and agree that the American Academy of Ophthalmic Professionals does not accept optometrists or commercial representatives as members. I further agree that if I violate the foregoing statement, my membership in AAOP will be terminated immediately and no membership or other fees will be refunded.

Signature	Date
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RETURN THIS FORM TO: American Academy of Ophthalmology
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Los Angeles, CA 90088-4048
F: +1 415.561.8575

QUESTIONS? Contact Member Services
T: +1 415.561.8581
E: member_services@aao.org