



Chicago Ophthalmological Society

Administrative Office: 10 W. Phillip Rd., Suite 120 ■ Vernon Hills, IL 60061

Phone: 847/680-1666 ■ Fax: 847/680-1682

E-mail: RichardPaul@DLS.net ■ Web: www.ChicagoEyeNet.org

Membership Application

Please provide the information requested below and return with the your dues deposit to:
Chicago Ophthalmological Society, 10 W. Phillip Rd., Suite 120, Vernon Hills, IL 60061.

All applications must be sponsored by two current members (see signature box below).

***** Please complete BOTH pages of application. *****

Annual Dues Amount: \$310.00 (must accompany application) – see bottom of back page

PLEASE PRINT

Applicant's name <i>enter here</i>	<hr style="border: 0; border-top: 1px solid black;"/>
Degree(s) - <i>check all that apply</i>	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> PhD <input type="checkbox"/> Other <hr style="display: inline-block; width: 50px; vertical-align: middle;"/>
PRACTICE INFORMATION	
Practice Name	
Office Mailing address	
City/State/Zip	
Office phone	
Office fax	
HOME INFORMATION <i>(will not be published)</i>	
Street	
City/State/Zip	
Home phone	
Preferred E-mail	
Preferred mailing address: <i>(check one)</i>	<input type="checkbox"/> Office <input type="checkbox"/> Home
SPONSORS <i>(must be current members)</i>	
<i>Print name of member</i>	<i>Member's signature</i>
1.	
2.	

Continued on next page

For Office Use Only

Date received:
 Dues amount paid:
 Date approved:

