



**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: Rich@ChicagoEyeNet.org ■ Web: www.ChicagoEyeNet.org

## Membership Application

Please provide the information requested below and return with your dues deposit to:  
 Chicago Ophthalmological Society, 10 W. Phillip Rd., Suite 120, Vernon Hills, IL 60061.  
 All applications must be sponsored by a current member (see signature box below).

\*\*\* Please complete ALL pages of application. \*\*\*

**Annual Dues Amount: \$325.00** (must accompany application) – see last page for payment information. First two years in practice (out of training) – \$165.00

**PLEASE PRINT**

<b>Applicant's name</b> <i>enter here</i>	<hr style="border: 0; border-top: 1px solid black;"/>
<b>Degree(s)</b> - check all that apply	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> PhD <input type="checkbox"/> Other _____
<b>PRACTICE INFORMATION</b>	
Practice Name	
Office Mailing address <i>Street &amp; Suite</i>	
City/State/Zip	
Office phone	
Office fax	
<b>HOME INFORMATION</b> <i>(will not be published)</i>	
Street	
City/State/Zip	
Home phone	
Preferred E-mail	
<b>Communication Preferences</b> <i>(check one of each)</i>	<i>Mailing address:</i> <input type="checkbox"/> Office <input type="checkbox"/> Home <i>Contact preference:</i> <input type="checkbox"/> Email <input type="checkbox"/> Regular mail
<b>SPONSOR</b> <i>(must be current member – only one needed)</i>	
<i>Print name of member</i>	<i>Member's signature</i>

*Continued on next page*

<i>For Office Use Only</i>
Date received:
Dues amount paid:
Date approved:

**BACKGROUND INFORMATION**  
*PLEASE PRINT*

Illinois medical license number	
Board certification & date	
Education (Undergraduate/Graduate) List School(s), Degree(s) and Year(s)	
Medical school & year graduated	
Ophthalmology residency program(s) Location Dates (years)	
Fellowship(s) completed Subspeciality Location Dates	
Academic Appointments School(s) Position(s)	
Hospital Staff Privileges Hospital(s) City	

***Complete your application by filling in your payment information on the next page . . .***

