



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 the 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 members (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

Applicant's name <i>enter here</i>	<hr style="border: none; border-top: 1px solid black;"/>
Degree(s) - check all that apply	<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	<hr/>
Office Mailing address <i>Street & Suite</i>	<hr/>
City/State/Zip	<hr/>
Office phone	<hr/>
Office fax	<hr/>
HOME INFORMATION <i>(will not be published)</i>	
Street	<hr/>
City/State/Zip	<hr/>
Home phone	<hr/>
Preferred E-mail	<hr/>
Communication Preferences <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
SPONSOR <i>(must be current member – only one needed)</i>	
<i>Print name of member</i>	<i>Member's signature</i>
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2.1.2021

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

BACKGROUND INFORMATION
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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 . . .

