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
288 Hawthorn Village Commons, #123, Vernon Hills, IL 60061

**** * * Please complete <u>ALL</u> pages of application. * * ****

Print

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

Save as/email

PLEASE PRINT

Applicant's name ***enter here*** ☞	
Degree(s) - ***check all that apply***	☐ MD ☐ DO ☐ PhD ☐ Other _____
PRACTICE INFORMATION	
Practice Name	
Office Mailing address *Street & Suite*	
City/State/Zip	
Office phone	
Office fax	
HOME INFORMATION *(will not be published)*	
Street	
City/State/Zip	
Home phone	
Preferred E-mail	
Communication Preferences *(check one of each)*	*Mailing address*: ☐ Office ☐ Home *Contact preference:* ☐ Email ☐ Regular mail

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2025

For Office Use Only

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 . . .

COS - Application Payment Information

Applicant's name: _____

Amount enclosed: $_____

Form of Payment: ☐ Check (payable to "Chicago Ophthalmological Society) ☐ Visa ☐ MasterCard ☐ Discover

Credit Card # | | | | | | | | | | | | | | | | | | Exp. Date | | | / | | |

Security Code (on back of card) | | |

Name on card: _____

Billing address: _____

Signature _____

Send application along with application fee check or credit card information to:

Chicago Ophthalmological Society
Administrative Office
10 W. Phillip Rd., Suite 120
Vernon Hills, IL 60061-1730