

**2012 ALAO DUES STATEMENT**

Insert Name/Address/City/State/Zip

**2012 Dues & EyePAC Contribution Form**

Your generous donation to EyePAC is appreciated.

(Check One Category)

- \_\_\_\_\_ Regular Member \$895.00/yr.
- \_\_\_\_\_ Senior (Over 60) \$495.00/yr.
- \_\_\_\_\_ Special Membership \$250.00/yr.
- \_\_\_\_\_ Faculty or 2<sup>nd</sup> yr. in Practice \$850.00/yr.
- \_\_\_\_\_ 1<sup>st</sup> yr. in Practice \$425.00/yr.
- \_\_\_\_\_ Retired Members-No Charge

**NEW 10% Discount for 2012. Practices with 2 or more ophthalmologists, where ALL physicians join ALAO will receive a 10% discount off total dues owed. (Ex. 10 physicians x \$895.00 = \$8,950.00 Minus \$895.00 = \$8,055. 00 Amt. Due ALAO.) Please submit with payment (1) A list of all ophthalmologists in your practice and (2) proof of payment for each physician.**

PAC Donation\$ \_\_\_\_\_ (Suggested Amt. \$1,000.00)

**METHODS OF PAYMENT: (\*NOTE: YOU CAN NOW PAY BY CREDIT CARD ON-LINE)**

- \_\_\_\_\_ Check (Complete this form; attach check payable to ALAO, mail to Mike Merrill, ALAO Executive Director, 2012 Seaton Park, Sturbridge Commons, Montgomery, AL 36116)
- \_\_\_\_\_ By Credit Card On-Line (Complete this form and fax it to Mike Merrill. Fax No. 334-277-2035)  
See <http://www.alabamaeyedoctors.com> Click Contributions and Fees/Annual Dues/PAC Contributions.
- \_\_\_\_\_ I do not wish to pay on-line. Please process my credit card manually from the information below.

**IMP NOTE: PLEASE COMPLETE THIS FORM AND MAIL OR FAX IT TO ALAO WHETHER YOU PAY BY CHECK OR CREDIT CARD. THIS IS FOR RECORD KEEPING PURPOSES.**

Type of credit card used to pay: ( ) MasterCard ( ) VISA ( ) American Express

Name on card: \_\_\_\_\_

Card number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. \_\_\_\_\_ - \_\_\_\_\_

Signature: \_\_\_\_\_

**IF YOU WISH TO MAKE MONTHLY PAC CONTRIBUTIONS FROM YOUR CREDIT CARD, PLEASE COMPLETE THE FOLLOWING. I \_\_\_\_\_,**

hereby authorize the Alabama Academy of Ophthalmology to deduct monthly from my credit card the amt. of \$ \_\_\_\_\_ for EyePAC contributions. Type of CC: ( ) MasterCard ( ) VISA ( ) AmEx

Credit Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. \_\_\_\_\_ - \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tel: ( )- \_\_\_\_\_ - \_\_\_\_\_ Fax: ( )- \_\_\_\_\_ - \_\_\_\_\_

**\*PLEASE SEND ALAO YOUR E-MAIL ADDRESS\***

**NAME:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**\*\*\*ALAO IS NOW ON FACEBOOK\*\*\***

