

Attach 2 x 2 in B&W Photo

**ALABAMA ACADEMY OF OPHTHALMOLOGY**

Membership Application

2012 Seaton Park-Sturbridge Commons

Montgomery, AL 36116

Tel: (334) 279-9755 Fax: (334) 277-2035 E-mail: [jmikemerrill@gmail.com](mailto:jmikemerrill@gmail.com)

In accordance with the ALAO By-Laws, I attest that I hold a degree of Doctor of Medicine or Doctor of Osteopathy, having completed an approved residency in ophthalmology, and hold a valid and unrestricted license to practice medicine in the State of Alabama or other USA state.

Date of Application: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Membership Category (Check One)  
\_\_\_\_ Regular \$895.00/Yr.  
\_\_\_\_ Faculty or 2<sup>nd</sup> Yr. \$850.00/Yr.  
\_\_\_\_ 1<sup>st</sup> Yr. \$425.00/Yr.  
\_\_\_\_ Over 60 \$495.00/Yr.  
\_\_\_\_ Special \$250.00/Yr.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

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

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

Bus. E-Mail: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

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

Home E-mail: \_\_\_\_\_

Place and Date of Birth: \_\_\_\_\_

College Attended: (Undergraduate) Name/Dates \_\_\_\_\_

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Medical School Attended: Names/Dates: \_\_\_\_\_

\_\_\_\_\_

Internships: Place/Dates: \_\_\_\_\_

\_\_\_\_\_

Residency: Place/Dates: \_\_\_\_\_

\_\_\_\_\_

Current Hospital Affiliation: \_\_\_\_\_

Teaching Appointments: \_\_\_\_\_

\_\_\_\_\_

Please List 2 ALAO Members as References: (Name/City/Telephone Numbers)

\_\_\_\_\_

\_\_\_\_\_

Degree: (Circle One):            MD            DO

Payment Options: (Choose One)

\_\_\_\_\_ By Check: Complete this application and attach check payable to ALAO. Mail to Mike Merrill, Esq., ALAO Executive Director, 2012 Seaton Park/Sturbridge Commons, Montgomery, AL 36116.

\_\_\_\_\_ By Credit Card: Complete this application and mail or fax with your credit card information to ALAO. Fax No. 334-277-2035. ALAO will process your credit card in-house.

\_\_\_\_\_ By Credit Card On-Line: See [www.alabamaeyedoctors.com](http://www.alabamaeyedoctors.com) to pay on-line with Pay Pal.

Type of Credit Card: (Choose One)    MasterCard    VISA    American Express

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

Card Digit Code Number: \_\_\_\_\_

cont.

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Signature (as it appears on card): \_\_\_\_\_

Print Name: \_\_\_\_\_

Comments: \_\_\_\_\_

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Questions: Contact Mike Merrill, Esq., ALAO Executive Director, 2012 Seaton Park/Sturbridge  
Commons, Montgomery, AL 36116. Tel: (334) 279-9755 Fax: (334) 277-2035  
E-mail: [jmikemerrill@gmail.com](mailto:jmikemerrill@gmail.com)