Membership Join/Renew

Member # (if known)		Go to www.ascrs.org to join or renew online					
First Name		M.I.		Last Name		Degree/s (max 2)	
Company Name						Degrees: DO,FACS,FRCS,MD,PhD	
Email Address (mandatory)							

Business Address will be used for all billing, publications and member directory unless otherwise noted.

Business Address						Business Phone
Address Line 2						Business Fax
City		State		Zip		Home Phone
If using home address for billing or pubs please designate which items you would like the home address to be used for:						Mobile Phone
Home Address						Administrator/Office Mgr/Contact Name
Address Line 2						Administrator/Office Mgr/Contact Email Address
City		State		Zip		

Subspecialties :(√)	Anterior Segment		Cataract		Consultative Ophthalmology		Cornea		Glaucoma				
Medical Retina		Neuro-Ophthalmology		Oculoplastics		Pediatric		Refractive		Retinal		Uveitis	
Other (please list)													

Add an ASOA membership**
Focusing on the Business of Ophthalmology®

Name (if not MDs)	
Email Address	
Degrees:	

BA,BS,BSN,COA,COE,COT,CPC,CRA,LPN,MBA,MS,MSN,OD,PhD,RN

Office Role: (√) Administrator ☐ Business Staff ☐

Clinical Staff ☐ Consultant ☐ OD ☐ Office Mgr ☐

Vendor ☐

Membership Type	Dues	Total Paid
ASCRS 1 Yr	$ 485.00	
ASCRS 3 Yr	1,455.00	
ASOA **	275.00	
ASCRS/ASOA Combined**	760.00	
Consultant/Vendor	375.00	
ASCRS/Consultant/Vendor Combined	860.00	
Total Paid		0.00

FAX payment to: (703) 591-0614
Payment by check to: ASCRS/ASOA (address below)

MasterCard VISA AMEX

Exp Date

I authorize ASCRS/ASOA to charge this account for the membership(s) shown. Sign here →

AMERICAN SOCIETY OF CATARACT AND REFRACTIVE SURGERY
AMERICAN SOCIETY OF OPHTHALMIC ADMINISTRATORS
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