ASCRS·ASOA International 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							
Email Address (mandatory)							

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

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

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 International 1 Yr	$ 255.00	
ASCRS International 3Yr	765.00	
ASOA **	275.00	
ASCRS/ASOA Combined**	530.00	
Consultant/Vendor	375.00	
ASCRS/Consultant/Vendor Combined	630.00	
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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