



AMERICAN  
COLLEGE  
OF EYE  
SURGEONS

**Membership Application Form**

Regular membership is offered to physicians who are:

- Actively engaged in eye surgery
- Certified, or eligible for certification, by the American Board of Ophthalmology or the American Osteopathic Board of Ophthalmology (*please fax or mail copy of your letter of notification or certificate*)
- Committed to a minimum of 20 hours of CME credits annually

**Annual Membership Fee** (*check one*)

- \$1075 – Regular       \$100 – Academic\*       N/C Resident/Fellow\*\*  
*\*must spend 50% of time in active academic work      \*\*must be accompanied by program letter of verification*

**Membership Information**

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

Name of Practice: \_\_\_\_\_ Office Contact Person: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Degree: \_\_\_\_\_ Date Awarded: \_\_\_\_\_  Board Certified  Board Eligible

University: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Residency: \_\_\_\_\_ Dates: \_\_\_\_\_

Post Graduate Training: \_\_\_\_\_ Dates: \_\_\_\_\_

Subspecialty Interest:  Cataract  Cornea  Glaucoma  Refractive  Retina

Academic Members Only: *Teaching Institution:* \_\_\_\_\_

*Position:* \_\_\_\_\_ *Time Spent in Teaching Activities:* \_\_\_\_\_

**Method of Payment:**

- Check (*payable to ACES in U.S. Funds*)  
Charge:  Visa  MC  AmEx  Discover

Card #: \_\_\_\_\_ Expiration: \_\_\_\_\_

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

**Mail or Fax Application Form to:**

334 East Lake Rd., #135  
Palm Harbor, FL 34685  
Fax: 727-836-9783

OR apply on-line at [www.aces-abes.org](http://www.aces-abes.org)