

# 2021 Membership Application



**International Society of Refractive Surgery**  
A Partner of the American Academy of Ophthalmology

Are you an AAO member?  Yes  No If yes, AAO ID# .....

Check here to use your AAO information on file to apply for ISRS membership.  
You do not need to complete the personal information section.

Family/Last Name ..... First Name .....

Medical Degree ..... Date of Birth ..... Email .....  
(e.g., MD, MBBS, etc.) (MM/DD/YYYY)

Primary Mailing Address (Please check one)  Home  Office

Street Address .....

City ..... State/Province ..... Postal Code ..... Country .....

Medical School Name ..... Completion Date (MM/YYYY) .....

Ophthalmology Residency/Training Program Name .....

City ..... State/Province ..... Country .....

Begin Date (MM/YYYY) ..... Completion Date (MM/YYYY) .....

YES, as an ISRS member I would like to receive member-exclusive newsletters and timely communication about programs and services from ISRS.

## MEMBERSHIP CATEGORIES AND DUES

	1 Year	2 Years
Practicing Ophthalmologist	<input type="checkbox"/> \$270 USD	<input type="checkbox"/> \$525 USD
Associate Member	<input type="checkbox"/> \$270 USD	<input type="checkbox"/> \$525 USD
In Training*	<input type="checkbox"/> Free	<input type="checkbox"/> Free

\*Proof of in-training status must be submitted with the application. Verification letter must be on institution letterhead and include begin and anticipated end dates of training.

International Member Subscription to the *Journal of Refractive Surgery*

- Digital access only – free
- Digital and print access – \$55 USD annual international postage charge will be added to your membership

## PAYMENT INFORMATION

American Express  MasterCard  Visa  Discover  Cash

Card Number .....

Expiration Date (MM/YYYY) .....

Name As It Appears On Card .....

Cardholder's Address ( if same as above) .....

City .....

State/Province .....

Postal Code .....

Country .....

I affirm all information furnished by me in this application and in the supporting documentation is accurate and complete. I understand my application is subject to verification by the ISRS before membership is granted.

Signature .....

Complete online or return the completed application by mail or fax:

ISRS Member Services  
655 Beach Street, San Francisco, CA  
94109-1336 USA

Email: member\_services@aaoo.org  
Fax: +1 415.561.8575

Or join online at [isrs.org/join](https://www.isrs.org/join)