Australian Society of Ophthalmologists Limited. ACN 610 338 755 · ABN 29 454 001 424

2017/2018 Annual Membership Application 1 July 2017 – 30 June 2018

Australian Society of Ophthalmologists ASO

Personal Details

Title: ☐ Dr ☐ Prof ☐ A/Prof ☐ Other (Please specify)____________ Gender: ☐ Male ☐ Female

Family name:______________________________ Given name:______________________

Preferred name:______________________________ Date of birth:______________________

Year of FRANZCO:__________ Sub-specialty area/s:______________________________

Contact Details (please tick preferred contact)

☐ **Private address**

Street:______________________________

Suburb:______________________________

State:______________ Postcode:__________

Country:______________________________

Phone:______________________________

Email:______________________________

Mobile:______________________________

☐ **Business address**

Street:______________________________

Suburb:______________________________

State:______________ Postcode:__________

Country:______________________________

Phone:______________________________

Email:______________________________

Mobile:______________________________

☐ Please tick if you **do not** want to receive email/post communication from the ASO in the form of important member updates and member publications.

Please tick membership category you are applying for (all prices include GST)

- ☐ **Ophthalmologist: $1100** *(Practicing for longer than two years)*
- ☐ **New ophthalmologist: $550** *(First two years of ophthalmology practice in Australia)*
- ☐ **Part time ophthalmologist: $350** *(Working no more than 2 sessions per week, or 6 weeks of locums per annum)*
- ☐ **Parental leave: $540** *(6–12 months leave as primary caregiver)*
- ☐ **Senior ophthalmologist: $290** *(Practicing 40+ years)*
- ☐ **Retired ophthalmologist: $95** *(No longer practicing)*
- ☐ **Trainee: $105** *(Doctors in full time ophthalmology fellowship positions)*
- ☐ **Business associate: $225** *(Practice owner/employee)*

Member Declaration

I hereby apply to become a member of the Australian Society of Ophthalmologists Limited (ASO) and I agree, if admitted to membership, to be bound by the provisions of the ASO Constitution, and the ethical standards as set out by my profession. The ASO Constitution is available: www.ASOeye.org/governance

Signature:______________________________ Date:______________________

Payment Method

Phone

07 3831 3006 with your credit card details between business hours (Visa & Mastercard only).

Cheque/Money order (via post)

Cheque or money order should be made payable to Australian Society of Ophthalmologists

Credit Card via email, fax, post (Visa & Mastercard only)

Amount: $______________________________

Card number:______________________ Expiry date:______________________

Name on card:______________________ Signature:______________________

☐ AUTO-RENEWAL OPTION: Please automatically renew my ASO membership each year using the credit card provided, up until the card's expiry date.

Please return completed membership form and payment via post, fax or email.

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