



2026 Membership Application

For applicants located outside the United States

You can also apply for membership online at aao.org/join.

Are you a previous member of AAO? Yes No

If Yes, AAO Member ID# (if known) _____

PERSONAL INFORMATION

Last Name/Surname/Family Name

First Name/Given Name Middle Initial

Degree (e.g., MD, DO, MBBS, etc.)

Date of Birth ___/___/____ (MM/DD/YYYY)

Gender Male Female Prefer not to answer
Complete your profile at aao.org/demographics

CONTACT INFORMATION

Email (Required field. Your email will be used to log in, access member benefits, and receive Academy communications.)

Primary Mailing Address for all AAO Mailings Home Office

Street Address (line 1)

Street Address (line 2)

City

State/Province Postal Code

Country

Primary Phone Home Office Mobile

Phone Number (With area or country code)

MEDICAL TRAINING

MEDICAL SCHOOL

School Name

City, State/Province and Country

Begin Date ___/___/____ Completion Date ___/___/____
(MM/DD/YYYY) (MM/DD/YYYY)

Degree MD DO Other _____

OPHTHALMOLOGY TRAINING

Ophthalmology Residency/Training Program Name

City, State/Province and Country

Begin Date ___/___/____ Completion Date ___/___/____
(MM/DD/YYYY) (MM/DD/YYYY)

FELLOWSHIP/ADDITIONAL TRAINING

School or Program Name

City, State/Province and Country

Type of Fellowship/Area of Clinical Focus (e.g., cornea, retina, etc.)

Begin Date ___/___/____ Completion Date ___/___/____
(MM/DD/YYYY) (MM/DD/YYYY)

ACADEMY COMMUNICATIONS

I consent to the Academy keeping me informed through member-exclusive newsletters and timely communications about the annual meeting, education, products, and services that it provides to the ophthalmology community at large.

LICENSING AND CERTIFICATION

Licensed to Practice in United States International

List State(s)/Country

License Number

Are you certified by:

- American Board of Ophthalmology
 American Osteopathic Board of Ophthalmology*

* Please note that certificate must accompany application

PRACTICE RESTRICTIONS (Required)

Have you ever had your medical license and/or hospital privileges denied, revoked, conditioned, suspended, limited, qualified, or subject to the terms of probation or restricted?

Yes No

Have you voluntarily surrendered your hospital privileges?

Yes No

If yes to any questions above, please explain fully and attach with your application.

MEMBERSHIP CATEGORIES & FEES

A \$50 non-refundable processing fee will be added for all categories.

International Member

Any ophthalmologist practicing outside of the U.S. and licensed to practice where they live.

- Level 1: \$575 (\$525 + \$50)
 Level 2: \$450 (\$400 + \$50)
 Level 3: \$325 (\$275 + \$50)
 Level 4: \$250 (\$200 + \$50)

Visit aao.org/intmember for more information and a full list of countries and dues levels.

Active Fellow or Osteopathic Fellow – \$1,075 (\$1,025+\$50)

A practicing ophthalmologist with current certification from the American Board of Ophthalmology, American Osteopathic Board of Ophthalmology, or the Royal College of Physicians and Surgeons.

International Member in Training* – \$225 (\$175+\$50)

A physician currently enrolled in a full-time accredited ophthalmology residency or fellowship training program located outside of the U.S. or Canada.

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

Academy membership year runs on a calendar year from 1 January to 31 December, regardless of the application date.

2026 member application deadline is 15 September 2026.

PAYMENT INFORMATION

- Check Enclosed Visa MasterCard
 American Express Wire Transfer

Card Number

Expiration Date (MM/YYYY)

Cardholder's Name

Cardholder's Address

City

State/Province

Postal Code

Country

Signature

Make check payable on a U.S. bank in U.S. dollars to:
American Academy of Ophthalmology.

For International Transfers:

Wells Fargo Bank, NA
San Francisco, CA
Swift#: WFBUS6WFFX
Account #: 4121478242
Account Name: American Academy of Ophthalmology
(Please include your full name on wire transfer.)

SIGNATURE

I certify that all information entered is correct and complete. **I affirm** that my medical license is valid and unencumbered in each state in which I am licensed. **I agree** to abide by the bylaws of the American Academy of Ophthalmology and the Code of Ethics. **I understand** 1) my application is subject to verification by the Academy, and I release the Academy from any claims, damages, or liabilities related to or arising from the verification process; 2) my membership must be recommended by the Board of Trustees and approved by affirmative vote of the Voting Fellows and Members; and 3) the Academy may revoke my membership.

Signature

Date

Return application with payment to:

American Academy of Ophthalmology
PO Box 884048
Los Angeles, CA 90088-4048
Fax: +1.415.561.8575

Direct inquiries to:

Member Services
Tel: +1.415.561.8581
Email: member_services@aao.org
Web: aao.org/intmember