



Los Angeles Society of Ophthalmology
Membership Renewal/Dues Form

Thank you for your membership and continued support. Your timely dues payments allow us to continue providing outstanding educational programs year after year. In the space below, please update your information so that we can keep you informed about LASO activities.

Please check appropriate box and complete form:

- Resident Junior Member (1st two years in practice)
 Fellow Member

Name _____ Degree(s) _____
Last First MI

Practice Specialty _____

Primary Address _____

City _____ State _____ Zip _____

Email _____ If in training, may we contact you after graduation? Y N

May we list the above contact info in the public LASO on-line member directory? Y N

Status	Annual Dues
Member	\$225
Junior member (1 st 2 years in practice)	\$100
Member in training (resident or fellow)	free

Please send completed form by email, fax, or mail.

Please make checks payable to:

Los Angeles Society of Ophthalmology

12642 Palomar St. (ATTN: Justin Novakich)

Garden Grove, CA 92845

Phone: (714) 251-0227 Fax: (310) 822-9636

www.laeyesociety.com

la.eye.society@gmail.com