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 (1st 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
1245 Wilshire Blvd, Suite 380 (ATTN: Maria Gutierrez)
Los Angeles, CA 90017
Phone: (213) 202-5888 Fax: (213) 250-3369
www.laeyesociety.com la.eye.society@gmail.com