



**Los Angeles Society of Ophthalmology**  
Ophthalmologist Membership Application

Please check appropriate box and complete form:

- Resident     Junior Member (1<sup>st</sup> two years in practice)  
 Fellow     Member

Name \_\_\_\_\_ Degree(s) \_\_\_\_\_  
*Last First MI*

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

**Residency**

Name of University/Hospital \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Graduation year \_\_\_\_\_

**Fellowship**

Subspecialty \_\_\_\_\_

Name of University/Hospital \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Graduation year \_\_\_\_\_

Please send completed form by email, fax, or mail.  
Personal contact information will be used for LASO  
business only. LASO will not share, forward or  
provide this information to any outside entity.

**Los Angeles Society of Ophthalmology**

100 Stein Plaza (ATTN: Dia Cervantes)

Los Angeles, CA 90095

Phone (310) 206-9727 Fax (310) 825-9263

[www.laeyesociety.com](http://www.laeyesociety.com)    [la.eye.society@gmail.com](mailto:la.eye.society@gmail.com)

Status	Annual Dues
Member	\$200
Junior member (1 <sup>st</sup> 2 years in practice)	\$100
Member in training (resident or fellow)	free