



Los Angeles Society of Ophthalmology
Ophthalmologist Membership Application

Please check appropriate box and complete form:

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