

# Benefits of Florida Society of Ophthalmology Membership

- 10% discount on malpractice coverage through Ophthalmic Mutual Insurance Company for FSO members who attend the live OMIC course at the Annual Meeting
- Legal discounts through Holland & Knight, the FSO General Counsel
- Subscription to *The Florida Ophthalmologist*—the society newsletter
- Access to the electronic membership directory
- Discounted registration for the *Masters in Ophthalmology* Annual Meeting
- Access to Members Only Resources on [www.mdeye.org](http://www.mdeye.org)

Membership is granted in accordance with the FSO bylaws. Visit [mdeye.org](http://mdeye.org) to view the bylaws.

## APPLICATION FOR MEMBERSHIP

### MEMBERSHIP LEVELS

**Active**

Active members must meet the following criteria: degree of MD or DO from an accredited medical school, certified or eligible for certification by the American Board of Ophthalmology, and whose practices are limited to Ophthalmology. Payment must accompany application.

**New Practitioner**

Available to new ophthalmologists in the first 3 years of practice. You must apply for New Practitioner Membership within one year of completing your residency or fellowship, and a dated copy of your residency or fellowship certificate must accompany your application. You may pay \$850 with your application to cover the three-year New Practitioner period, or pay \$283.33 with your application and agree to be billed annually for the next two installments. After your New Practitioner period is over, you will be billed for Active Membership.

**Affiliate**

Available to physicians who are licensed to practice medicine in a state OTHER than Florida. This member must be in good standing with the ophthalmology society of the state in which they practice, if applicable. Affiliate Members must be endorsed by at least one Active or Retired Member of the FSO.

Endorsed by: \_\_\_\_\_

**In-Training**  
(complimentary)

Available to all Residents and Fellows in an AMA- or AAO-certified training program in the state of Florida and holding a degree of MD or DO. **A letter from your program coordinator with an anticipated date of completion must accompany your application.**

Projected year of completion: \_\_\_\_\_

Applicants cannot be reviewed unless all information below is complete.

Referred by: \_\_\_\_\_  
(Please print name)

Name \_\_\_\_\_ Degree \_\_\_\_\_

Title \_\_\_\_\_ Date of Birth \_\_\_\_\_

M  F Medical License # \_\_\_\_\_

Email \_\_\_\_\_

Office addresses are published in the FSO online membership directory and an online practitioner search available to the public.  Please check here if you would not like your name and information published publicly on the website or in the directory.

**Primary Office Address** \_\_\_\_\_

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

Office Phone \_\_\_\_\_ Office Fax \_\_\_\_\_

Office Manager or Assistant \_\_\_\_\_

Email \_\_\_\_\_

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

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

Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Subspecialty (check all that apply)  Glaucoma  Pediatric

Retina  Plastic & Reconstructive  Neuro-ophthalmology

Refractive Surgery  Comprehensive  Strabismus

Other: \_\_\_\_\_

Are you a member of the Florida Medical Association?  Y  N

Are you certified by the American Board of Ophthalmology?  Y  N

Date of certification \_\_\_\_\_

I attest that the above information is true and correct to the best of my knowledge and hereby authorize the Florida Society of Ophthalmology to obtain educational transcripts and verification of professional activities including associations and employment.

Signature \_\_\_\_\_

### Membership Eligibility

#### 1 Membership Dues

**Active** (1 yr)  \$850

**New Practitioner** (3 yrs)  \$850 or  \$283.33/yr for 3 yrs

**Affiliate** (1 yr)  \$850

**In-Training**  Complimentary

#### 2 Annual FOCUS Political Contribution †

**One-time Contribution**  \$365 (\$1/day) \$500

**Monthly Contribution**  \$84/month for 12 months

\$167/month for 12 months

Other monthly amount \$ \_\_\_\_\_

#### Annual For Eye Care, Inc. Donation

**Suggested donation**  \$50 or \$ \_\_\_\_\_

\*Credit card transactions only. Please check your expiration date. Monthly debits will occur on or about the first of each month and annual automatic renewal will occur on or about November 1 of each year. You will receive an electronic receipt for the debit(s) at your email address on file. You may choose to cancel automatic annual renewal at any time with 10 business days' notice.

† All contributions to FOCUS, the FSO political committee, are used to further the legislative efforts of the FSO. A contribution to FOCUS is not tax deductible under IRS rules.

#### 3 Method of Payment

Check  VISA  MasterCard  AmEx

Amount \_\_\_\_\_ Exp. Date \_\_\_\_\_

CC # \_\_\_\_\_

CVV Code \_\_\_\_\_ Zip Code \_\_\_\_\_

Name on card \_\_\_\_\_

Signature \_\_\_\_\_

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