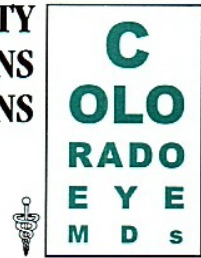


**MEMBERSHIP APPLICATION**

**COLORADO SOCIETY  
OF EYE PHYSICIANS  
AND SURGEONS**



***PERSONAL***

Name \_\_\_\_\_

Office Address \_\_\_\_\_

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

Office Phone/FAX \_\_\_\_\_

Home Phone \_\_\_\_\_

E-mail Address/Web Site Address \_\_\_\_\_

Administrator's Name/Telephone Number \_\_\_\_\_

Birth Date \_\_\_\_\_

Marital Status \_\_\_\_\_

Satellite Office(s) \_\_\_\_\_

Days in Satellite Office(s) \_\_\_\_\_

Days in Regular Office \_\_\_\_\_

Subspecialty \_\_\_\_\_

***EDUCATION and MILITARY (indicate dates on each institution line)***

High School \_\_\_\_\_

College \_\_\_\_\_

Medical School \_\_\_\_\_

Internship (Hospital and Dates) \_\_\_\_\_

\_\_\_\_\_

Residency and Dates \_\_\_\_\_

\_\_\_\_\_

Fellowships and Other Training \_\_\_\_\_

\_\_\_\_\_

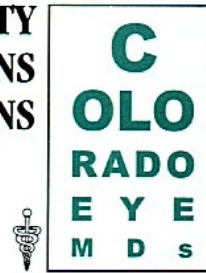
Military Service \_\_\_\_\_

\_\_\_\_\_

Board Certification Date \_\_\_\_\_

Colorado Medical License No.: \_\_\_\_\_

**COLORADO SOCIETY  
OF EYE PHYSICIANS  
AND SURGEONS**



***MEDICAL POSITIONS HELD (after medical school, not including training)***

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***PROFESSIONAL AND HONORARY SOCIETIES***

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***CATEGORY OF MEMBERSHIP***

Vote Privileged Membership

Active

Military (contact the Society for Annual Dues in this category)

**Dues will be assessed after election to membership. Annual dues are \$800. If practice is less than one year old, dues are \$200. Practice of one to two years dues are \$400 and dues for practices of not less than two or not more than three years are \$600. (See Society Bylaws for specific language and certain restrictions, which may apply.)**

**Membership application must be completed within one year of filing for information to be valid. The application must include all submittal information: verification of residency, and a copy of your curriculum vitae.**

**By signing and submitting this application, I agree to abide by the ethical guidelines established by the Colorado Society of Eye Physicians and Surgeons and any future additions or amendments thereto.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Send completed application and support materials to:**

**Executive Director  
Colorado Society of Eye Physicians and Surgeons  
3773 Cherry Creek North Drive, Suite 575  
Denver, CO 80209  
(303) 832-4984 (FAX)**

**Questions? Please call (303) 832-4900.**