



Membership Application (Please Print)

Name _____ Title _____
 Practice/Business _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____
 Fax _____
 Email _____

When an ophthalmology practice becomes a member of AADO, the entire practice will receive the following benefits:

- The book, "The Dispensing Ophthalmologist, A Rising Star" and companion DVD, Nov. 2007, 1st Edition
- FREE dispensing consultations at the AADO's exhibit at the AAO Convention's
- FREE dispensing consultations with AADO faculty via phone & e-mail
- FREE AADO "MD Dispensing News" e-mail newsletter
- Invitations to AADO special events, including the Annual Meeting and Awards Program
- Member discounts on AADO books and dispensing materials

Membership Dues

<i>Type of Membership</i>	<i>Membership Fee</i>	<i>Membership Benefits Includes:</i>
Ophthalmology Practice	\$250.00 Annual Membership	Shown Above
Ophthalmology Practice	\$400.00 2 Year Membership	Includes all benefits of 1 year, plus an additional year of the updated "The Dispensing Ophthalmologist, A Rising Star" and DVD, 2008, 2 nd Edition, PLUS, the technical dispensing textbook, "Pure Optics", a \$129.00 value (member price).
Ophthalmology Practice	\$500.00 3 Year Membership	Includes all benefits of 2 years, plus an additional year of the updated "The Dispensing Ophthalmologist, A Rising Star" and DVD, 2009, 3 rd Edition, and additional savings of \$150.
Residents	Free	Shown Above

Membership Dues \$ _____ "Pure Optics" Book \$ _____ Total \$ _____

Check One: ___ Check (Payable to the American Association of Dispensing Ophthalmologists, or AADO Inc.)

___ Credit Card ___ Visa ___ Mastercard ___ American Express
 Card Number _____ Expiration Date: _____ V-code _____
 Card Holder (Print Name) _____
 Signature (Required) _____

Billing Address on Credit Card (if other than member address):

Do you presently dispense? Yes _____ No _____
 If yes, how many years dispensing? _____
 (Check if Yes) Dispense Eyeglasses? _____ Dispense Contact lenses? _____
 Opening new dispensary? When _____
 Would you like information on buying groups? Yes _____ No _____

We also accept credit card payment via phone: 800.705.AADO (2236)
 Email us at membership@aado.net with any questions.
 Mail to: American Association of Dispensing Ophthalmologists, Inc.,
 P.O. Box 655
 Jarrettsville, MD 21084