



The Pittsburgh Ophthalmology Society

Physicians Defining Eye Care in Southwestern PA

APPLICATION for MEMBERSHIP

Please complete the application in its entirety.

Sign and return to the address listed below or submit by email to: npopovich@acms.org

850 Ridge Avenue, Pittsburgh, PA 15212 6098 Phone 412/321 5030 Fax 412/321 5323

Name _____ Birthdate _____

Preferred Mailing Address ___ Office ___ Home

Office Address: _____

Phone: _____ Fax _____ Email _____

Home Address: _____ Phone: _____

Home Email _____

Education

Medical School: _____ Degree: _____ Year _____

Internship: _____ Program: _____ Year: _____

Residency: _____ Program: _____ Year: _____

_____ Program: _____ Year: _____

Fellowship: _____ Program: _____ Year: _____

Hospital Staff: _____ Year: _____

_____ Year: _____

_____ Year: _____

Certified by the American Board of Ophthalmology? Yes No

Licensure: (state(s)): _____

Type of Membership: Active member Associate member

Membership in other Societies: _____ Year: _____

_____ Year: _____

Endorsement by Current Members

POS requires three active members to endorse your membership application. Please instruct each to send an email stating their support and endorsement of your membership to: Nadine Popovich by email to: npopovich@acms.org. Your application will not be complete without the supporting emails. You will be notified once all three endorsements are received.

1. _____ 2. _____ 3. _____

I, the undersigned, agree to abide by the constitution and bylaws of the Pittsburgh Ophthalmology Society or forfeit my membership.

Signature _____

Date _____

For Office use only:

Date: _____

Application received: _____ Forwarded to Membership Chair: _____ To membership: _____

Approved by membership: _____ Welcome letter sent to member: _____