

**Personal Details**

Title:  Dr  Prof  A/Prof  Other (Please specify) \_\_\_\_\_ Gender:  Male  Female  
 Family name: \_\_\_\_\_ Given name: \_\_\_\_\_  
 Preferred name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
 Year of FRANZCO: \_\_\_\_\_ Sub-specialty area/s: \_\_\_\_\_

**Contact Details (please tick preferred contact)**

**Private address**

Street: \_\_\_\_\_  
 Suburb: \_\_\_\_\_  
 State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Mobile: \_\_\_\_\_

**Business address**

Street: \_\_\_\_\_  
 Suburb: \_\_\_\_\_  
 State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Mobile: \_\_\_\_\_

Please tick if you **do not** want to receive email/post communication from the ASO in the form of important member updates and member publications.

**Please tick membership category you are applying for (all prices include GST)**


- Ophthalmologist: \$1080** (Practicing for longer than two years)
- New ophthalmologist: 50% discounted rate ~~\$1080~~ \$540** (First two years of ophthalmology practice in Australia) **NEW CATEGORY**
- Part time ophthalmologist: \$345** (Working no more than 2 sessions per week, or 6 weeks of locums per annum)
- Parental leave: \$540** (6-12 months leave as primary caregiver) **NEW CATEGORY**
- Senior ophthalmologist: \$285** (Practicing 40+ years)
- Retired ophthalmologist: \$90** (No longer practicing)
- Trainee: 90% discounted rate ~~\$1080~~ \$100** (Doctors in full time ophthalmology fellowship positions) **DISCOUNTED**
- Business associate: \$220** (Practice owner/employee)


**Member Declaration**

I hereby apply to become a member of the Australian Society of Ophthalmologists Limited (ASO) and I agree, if admitted to membership, to be bound by the provisions of the ASO Constitution, and the ethical standards as set out by my profession. The ASO Constitution is available: [www.ASOeye.org/governance](http://www.ASOeye.org/governance)

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

**Payment Method**

 **Phone**  
 07 3831 3006 with your credit card details between business hours (Visa & Mastercard only).

 **Cheque/Money order (via post)**  
 Cheque or money order should be made payable to Australian Society of Ophthalmologists

 **Credit Card via email, fax, post (Visa & Mastercard only)**

Amount: \$ \_\_\_\_\_  
 Card number: \_\_\_\_\_ Expiry date: \_\_\_\_\_  
 Name on card: \_\_\_\_\_ Signature: \_\_\_\_\_

**AUTO-RENEWAL OPTION:** Please automatically renew my ASO membership each year using the credit card provided, up until the card's expiry date.

**Please return completed membership form and payment via post, fax or email.**

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