

## Membership Categories & Requirements:

### **Member**

An ophthalmologist who has completed a vitreo-retinal fellowship of one year or more, and whose major professional activity is devoted to patient care, instruction or research in the field of vitreo-retinal diseases. The Member must be engaged in an active vitreo-retinal practice, and be licensed to practice medicine in one or more of the United States or in Canada. The Member must be board certified by the American Board of Ophthalmology or the American Osteopathic Board of Ophthalmology or the equivalent in Canada. The Member shall provide recommendation letters from two current members (of any category) of the Society, and provide a recommendation letter from their Fellowship Program Director, unless holding membership in the Retina, Macula, or Club Jules Gonin at the time of application, when such requirement is waived. Members shall pay annual dues, and an initiation fee. All Members have the right to vote and be eligible to hold office. The Board or Directors may waive any above requirement upon request.

### **International Member**

An ophthalmologist who has completed vitreo-retinal training and whose major professional activity is devoted to patient care, instruction or research in the field of vitreo-retinal diseases *outside of the United States or Canada*. Board certification by American or Canadian boards are *not required*. The International Member must provide recommendation letters from two current Members (of any category) of the Society, unless holding membership in the Retina, Macula, or Club Jules Gonin at the time of application, when such requirement is waived. International Members shall pay annual dues, and an initiation fee. All International Members have the right to vote and be eligible to hold office. The Board or Directors may waive any above requirement upon request.

### **Associate Member**

An ophthalmologist, physician or holder of a graduate degree who has made a major contribution to the field of vitreo-retinal surgery and diseases, but who does not otherwise meet the requirements of Members and International Members. Board certification by American or Canadian boards are *not required*. The Associate Member must provide recommendation letters from two current Members (of any category) of the Society, unless holding membership in the Retina, Macula, or Club Jules Gonin at the time of application, when such requirement is waived. Associate Members shall pay annual dues, and an initiation fee. All Associate Members have the right to vote and be eligible to hold office. The Board or Directors may waive any above requirement upon request.

### **Senior Member**

An ophthalmologist, physician or holder of a graduate degree who meets the requirements of the categories above, but who has retired from active practice. A Senior Member shall not pay dues, not have the right to vote, and shall be ineligible to hold office, but will pay meeting fees.

## Application Instructions & Checklist:

- The completed application form*
- A copy of current curriculum vitae*
- Proof of Board Certification ("Member" category only) by ABO certificate copy or letter*
- Recommendation letters from 2 current members and Retina Fellowship Director (may be mailed separately)*

*Note: Letter from Fellowship Director must verify completion of retina fellowship and length.*

An applicant who holds current membership in the Retina Society, Macula Society, or Club Jules Gonin may apply for membership in the ASRS without forwarding any nominating letters, or letters from the retinal fellowship training program. The applicant must indicate in a cover letter which society the applicant holds membership.

**Completed applicants are considered and inducted for membership on a monthly basis.**

## All correspondence should be mailed or faxed to:

**Tarek S. Hassan, MD**  
Chairperson, Credentials Committee  
ASRS  
20 N. Wacker Drive  
Suite 2234  
Chicago, IL 60606 USA

Additional information concerning the membership application process can be obtained from:

**Michelle Adams**  
ASRS Director of Education and Training  
Phone: +1 312-578-8760  
Fax: +1 312-578-8763  
Email: [members@asrs.org](mailto:members@asrs.org)



ASRS

AMERICAN SOCIETY OF RETINA SPECIALISTS

# Membership Application

## Contact Information

Category:  Member  International Member  Associate Member  Senior Member (retired)

Please Type or Print Clearly

Last Name	First Name	Middle Initial
Mailing Address: (Work)		
City	State	Zip
Country		
Phone ( )	Fax ( )	E-mail:

Country of Citizenship	Number of years in practice (Post -Fellowship)
Percentage of practice that is vitreoretinal	Are you certified by the American Board of Ophthalmology or equivalent? <input type="checkbox"/> Yes <input type="checkbox"/> No Year

## Education

	City / State / Country	Degree	Date Graduated
College:			
Medical School:			
Internship:		Date Completed	Type of Internship
Ophthalmology Residency:		Date Completed	Program Director or Chairperson
Retinal Fellowship:		Date Completed	Program Director
Additional Fellowship:		Date Completed	Program Director

## Academic Appointments

Academic Appointment	University / Institution	City / State	Year

## Hospital Appointments

Hospital / University / Institution	City / State

## State Licensure

State	Date

## Nomination by ASRS Members

Nominating Member:	City / State / Country
Seconding Member	City / State / Country

I attest that the information provided by me in this application is true and correct. I understand that any misstatements, inaccuracies, or omissions from this application or failure to provide complete and accurate information may delay the consideration of my application or cause my application to be denied.

Signature

Date