



Practice Administrator Membership Enrollment Form

(Check payments only; payable to the American Society of Retina Specialists)

Membership provides access to valuable content tailored towards administrators that will assist in the day-to-day running of your practice. Annual dues are \$100.00.

ASRS Member Physicians: Please complete the form below to create an ASRS membership for your practice administrator and remit \$100 payment to:

Sheryl Walker
ASRS
20 N. Wacker Dr., Suite 2030
Chicago, IL 60606

Practice administrator's info

First name: _____

Last name: _____

Work e-mail address: _____

ASRS physician member's info

First name: _____

Last name: _____

Work e-mail address: _____

Phone number: _____

Once the enrollment form is processed, the physician member will receive a receipt electronically. The practice administrator will be prompted to log on to create an ASRS profile.

Questions? Call the main office at 312-578-8760