



# New England Ophthalmological Society

## APPLICATION FOR ELECTION TO MEMBERSHIP

Please return this form to:

**Brendan McCarthy, MD** (*Chair, NEOS Admissions Committee*)  
P.O. Box 549127, Waltham, MA 02454 – T: 781-434-7656 – E: Neos-eyes@mms.org

Doctor \_\_\_\_\_, *proposer*, of \_\_\_\_\_, \_\_\_\_\_  
NAME CITY/ST EMAIL

Doctor \_\_\_\_\_, *seconded*, of \_\_\_\_\_, \_\_\_\_\_  
NAME CITY/ST EMAIL

*who are members in good standing of the New England Ophthalmological Society, sponsor the following ophthalmologist for membership. They personally attest that the nominee practices ophthalmology in New England and to the ethical character of the nominee.*

N.B. A LETTER OF RECOMMENDATION IS REQUIRED FROM BOTH THE PROPOSING AND SECONDED PHYSICIAN.

### ALL INFORMATION IS REQUIRED AND MUST BE PRINTED CLEARLY OR APPLICATION WILL BE RETURNED

NOMINEE: \_\_\_\_\_  
(FIRST) (MI) (LAST) (DEGREE(S))

MAILING ADDRESS \_\_\_\_\_  
(BLDG/SUITE) (STREET)  
 \_\_\_\_\_  
(CITY) (STATE) (ZIP)

TELEPHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

MEDICAL SCHOOL \_\_\_\_\_

OPHTHALMOLOGY RESIDENCY \_\_\_\_\_ DATES FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
(HOSPITAL/CITY/STATE)

FELLOWSHIP (IF ANY) \_\_\_\_\_ DATES FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
(TYPE/PLACE/DATES)

CURRENT SUBSPECIALTY(IES) \_\_\_\_\_

**I BEGAN PRACTICE IN NEW ENGLAND IN (YEAR)** \_\_\_\_\_

**I AM** \_\_\_\_\_ **BOARD CERTIFIED** OR \_\_\_\_\_ **BOARD ELIGIBLE** (**ONE MUST BE CHECKED**)

AS A MEMBER OF THE NEW ENGLAND OPHTHALMOLOGICAL SOCIETY, I WOULD BE INTERESTED IN PARTICIPATING IN:

A. COMMITTEE WORK:  YES  NO  MAYBE

I HAVE A SPECIAL INTEREST OR EXPERIENCE AND WOULD PREFER THE INDICATED COMMITTEE(S):

- PROGRAM COMMITTEE  PUBLIC HEALTH AND EDUCATION COMMITTEE  OPHTHALMIC SERVICES COMMITTEE  
 INFORMATION TECHNOLOGY COMMITTEE

B. I WOULD BE INTERESTED IN PARTICIPATING AS A CONTACT IN MY LOCAL COMMUNITY FOR SCHOOL AND PUBLIC EDUCATION PROGRAM SPONSORED BY NEOS.  YES  NO  MAYBE LATER

C. OTHER

**I CERTIFY THAT ALL INFORMATION ABOVE PROVIDED FOR MY APPLICATION TO NEOS IS TRUE (ANY FALSE STATEMENTS WILL RESULT IN DENIAL OF MEMBERSHIP).**

\_\_\_\_\_  
SIGNATURE OF PROPOSED CANDIDATE FOR NEOS MEMBERSHIP

\_\_\_\_\_  
DATE