New England Ophthalmological Society

APPLICATION FOR ELECTION TO MEMBERSHIP

Please return this form to:

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

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Doctor _____, ***proposer***, *of* _____, _____
NAME *CITY/ST* *EMAIL*

Doctor _____, ***seconder***, *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 SECONDING 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 _____
DATES FROM: TO:

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

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

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