

Kentucky Academy of Eye Physicians & Surgeons

P.O. Box 1615, Lexington, KY 40507

Phone: 1-859-300-2213

Email: Liz@kyeyemds.org

Last Name: _____ M.D., D.O. First: _____ Middle: _____

Practice Name: _____

Office Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

Office Telephone: _____

Office Administrator: _____ Office Administrator Email: _____

KAEPS communicates with its members via email. Please make sure we have a unique email address for you.

e-mail: _____ @ _____ . _____

- _____ Comprehensive Ophthalmology _____ Glaucoma _____ Oculo-Plastics _____ Pediatrics
- _____ Cornea/External Disease _____ Anterior Segment Surgery _____ Retina/Vitreous _____ Neuro

Home Address: _____ City: _____ State: _____ Zip: _____

Home Tel: () _____ - _____ Cell Phone: () _____ - _____ Date of Birth: _____

KAEPS 2018 Membership Dues:

Active Dues

1 st Year out of Training -----	\$100.00	Part-time -----	\$247.50
2 nd Year out of Training -----	\$275.00	Life Member -----	\$0
3 rd Year & thereafter -----	\$550.00	Military -----	Waived if on active duty

Contributions or gifts to the KAEPS are not tax deductible as charitable contributions for federal income tax purposes. However, dues payments (except for specific governmental affairs expenses) may be deducted as professional or business expenses, to the extent allowable by law.

Payment

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SIGNATURE OF CARDHOLDER _____ TEL. NO. FOR CONTACT () _____

Please return a copy of this entire completed Membership Application with your check or this completed credit card authorization to:

Kentucky Academy of Eye Physicians & Surgeons
Liz Roach
P.O. Box 1615
Lexington, KY 40507