**Kentucky Academy of Eye Physicians & Surgeons**

P.O. Box 1615, Lexington, KY 40507

Phone: 1-859-300-2213

Email: [Liz@kyeyemds.org](mailto: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 2020 Membership Dues:**

*Active Dues*

1st Year out of Training $100.00 Part-time $75

2nd Year out of Training $275.00 Life Member or Retired $0

3rd 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**

CHECK ENCLOSED FOR $ CHECK NO.

CREDIT CARD PAYMENT. *Check Type of Card*  MASTERCARD VISA (WE ONLY ACCEPT MASTERCARD & VISA)

Please print clearly

CREDIT CARD NUMBER:

EXPIRATION DATE: SECURITY CODE: AMOUNT AUTHORIZED $

NAME ON CARD:

ADDRESS OF CARDHOLDER

CITY STATE ZIP +

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**