

**Kentucky Academy of Eye Physicians & Surgeons**

P.O. Box 920, Pewee Valley, KY 40056

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: \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

- |  |   |  |                                     |
|--|---|--|-------------------------------------|
| <input type="checkbox"/> Comprehensive Ophthalmology | <input type="checkbox"/> Glaucoma                 | <input type="checkbox"/> Oculo-Plastics  | <input type="checkbox"/> Pediatrics |
| <input type="checkbox"/> Cornea/External Disease     | <input type="checkbox"/> Anterior Segment Surgery | <input type="checkbox"/> Retina/Vitreous | <input type="checkbox"/> Neuro      |

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Tel: ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**KAEPS 2021 Membership Dues:**

*Active Dues*

1 <sup>st</sup> Year out of Training -----	\$100.00	Out-of-State -----	\$100
2 <sup>nd</sup> Year out of Training -----	\$275.00	Life Member or Retired -	\$0
3 <sup>rd</sup> Year & thereafter -----	\$550.00	Military -----	<i>Waived if on active duty</i>
Part-time -----	\$275		

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. 28 percent of these dues is non-deductible as it relates to a governmental affairs expense.

**Payment**

CHECK ENCLOSED FOR \$ \_\_\_\_\_ CHECK NO. \_\_\_\_\_

CREDIT CARD PAYMENT. You may fill out this form or pay via our PayPal account at [paypal.me/kyeyemds](https://paypal.me/kyeyemds).

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**  
**P.O. Box 920**  
**Pewee Valley, KY 40056**  
[Liz@kyeyemds.org](mailto:Liz@kyeyemds.org)