U.S. Active Military/Government

Member # if known		Go to www.ascrs.org to join or renew online					
First Name		M.I.		Last Name		Degree/s (max 2)	
Government Agency					Degrees: DO,FACS,FRCS,MD,PhD		
Military/Gov. Email (Mandatory)							

Business Address will be used for all billing, publications and member directory unless otherwise noted below.

Business Address Line 1 (Mandatory)						Email for internal purposes-log in permissions for ASCRS, EyeCONNECT, EyeSpaceMD and invoicing. Email Address for membership purposes does not need to be Military/Gov.
Address Line 2						
City		State		Zip		
If using home address please designate what items you would like it used for:						Business Phone
Home Address Line 1						Business Fax
Address Line 2						Home Phone
City		State		Zip		Mobile Phone

Subspecialties:(X)	Anterior Segment		Cataract		Consultative Ophthalmology		Cornea		Glaucoma		
Medical Retina		Neuro-Ophthalmology		Oculoplastics		Pediatric		Refractive		Retinal		Uveitis	
Other (please list)											

Fax payment to: (703) 591-0614

Payment by check to:
ASCRS/ASOA
4000 Legato Road
Suite 700
Fairfax, Virginia 22033

Membership Type	Dues	Total Paid
ASCRS 1Yr Military/Government	$ 230.00	
ASCRS 3Yr Military/Government	$ 690.00	
Total Paid		0.00

																	Exp	Date					

I authorize ASCRS/ASOA to charge this account for the membership(s) shown. Sign here →

AMERICAN SOCIETY OF CATARACT AND REFRACTIVE SURGERY
AMERICAN SOCIETY OF OPHTHALMIC ADMINISTRATORS
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