



RESIDENT/FELLOW MEMBERSHIP GUIDE

About the Society

The Georgia Society of Ophthalmology (GSO) is a State Society of the American Academy of Ophthalmology (AAO). The GSO is dedicated to protecting the health care interests of patients and enhancing the effectiveness of ophthalmologists throughout Georgia.

The society's 200+ members represent a broad spectrum of experience, ophthalmic subspecialties, and practice types. The best way to stay abreast of current issues and developments in Georgia ophthalmology is to become an involved member of the Society.

Resident/Fellow Membership Benefits

Membership benefits for Residents and Fellows include:

- Fee-waived registration at CME meetings
- Fee-waived membership dues
- Scholarships to attend AAO meetings
- Representation in the Georgia legislature
- Self-service member website
- Valuable Networking opportunities
- Semi-annual member newsletter
- Regular communications and alerts
- Charitable Foundation
- Executive Office resources

Application & Membership Term

Membership in the Georgia Society of Ophthalmology is open to any ophthalmologist currently enrolled in a residency or fellowship-training program in Georgia. To apply for membership in the Society, Residents and Fellows must submit:

- 1. Completed Resident/Fellow Membership Application**
- 2. Written recommendation for membership from Residency Program Director**

Resident/Fellow status shall end upon the applicant's completion of training. Members will automatically advance to Recent Graduate status and will begin receiving annual membership dues invoices.

Membership application and recommendation letter may be emailed to mary@ga-eyemds.org or mailed to:

Georgia Society of Ophthalmology
ATTN: Mary Ray
2700 Cumberland Pkwy, Suite 150
Atlanta, GA 30339
Fax: (404) 299-7029



GEORGIA
SOCIETY OF
OPHTHALMOLOGY

**RESIDENT/FELLOW
MEMBERSHIP APPLICATION**

Name: _____

Home Address: _____

City, State, Zip: _____

Pref. Phone: _____ Fax: _____ Email: _____

Work Address: _____

City, State, Zip: _____

Birthdate: _____ Gender: _____ Spouse's Name: _____

Training: *Including colleges/medical schools, degrees, internships, residencies, post-graduate training, and other special training in ophthalmology in chronological order. Please use a separate page if more space is needed.*

DATES

Current Ophthalmology Residency/Fellowship Program: _____

Present Position (*Resident or Fellow*): _____ Current PGY: _____

Expected Completion Date: _____ Subspecialty Track: _____

Chief of Service/Program Director: _____

When do you expect to sit for ABO certification? _____

Please return completed application along with written recommendation from your Training Director to:

mary@ga-eyemds.org

OR by mail to:
Georgia Society of Ophthalmology
2700 Cumberland Pkwy, Suite 150
Atlanta, Georgia 30339
Phone: 404.299.6588