



## **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
- Housing scholarships to attend Annual CME meeting
- Representation in the Georgia legislature
- Self-service member website
- Valuable Networking opportunities
- Quarterly 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 should be sent to:

Georgia Society of Ophthalmology  
2700 Cumberland Pkwy, Suite 570  
Atlanta, GA 30339  
Fax: (404) 299-7029  
Email: [kathryn@ga-eyemds.org](mailto:kathryn@ga-eyemds.org)



**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:*

**Georgia Society of Ophthalmology  
2700 Cumberland Pkwy, Suite 570  
Atlanta, Georgia 30339**

Phone: 404.299.6588 Fax: 404.299.7029

Email: [kathryn@ga-eyemds.org](mailto:kathryn@ga-eyemds.org)