American Association of Certified Orthoptists

10 W. Phillip Rd., Suite 120 ❖ Vernon Hills, IL 60061-1730 ❖ (847) 680-1666 ❖ *Fax:* (847) 680-1682
*Email: Rich@*orthoptics.org ❖ *Web:* www.orthoptics.org

Membership Application

Please provide the information requested below and return with your application fee to:
AACO, 10 W. Phillip Rd., Suite 120, Vernon Hills, IL 60061.

Application fee: applied to first year of dues
Active & Associate - $200.00 *(No fee for newly certified orthoptist)*
Student - No fee

PLEASE PRINT

Applicant's name ***enter here*** ☞	
Certifications - ***check all that apply***	☐ CO ☐ OC(C) ☐ DBO ☐ COMT ☐ Other ________
Membership Category (check one)	☐ Active ☐ Associate ☐ Student ☐*Check here if newly certified*
PRACTICE INFORMATION	
Practice / Clinical Name	
Office Mailing address	
City/State/Zip	
Office phone	
Office fax	
HOME INFORMATION	
Street	
City/State/Zip	
Home phone	
Cell phone	
Country:	
Preferred Email: (very Important!)	
Preferences: Mailing address: Information delivery:	☐ Office ☐ Home ☐ Regular mail ☐ Email
Sponsoring Ophthalmologist:	
Gender: ☐ Male ☐ Female	**Year of Certification:**
Orthoptic Program:	

Please finish by completing the payment information on the next page . . .

For Office Use Only

Date received		
Application fee paid		
Final approval		

Payment Information

Applicant's name: ______________________________

Amount enclosed: $____________

Form of Payment: ❏ Check (payable to "American Association of Certified Orthoptitsts")
❏ Visa ❏ MasterCard ❏ Discover ❏ American Express

Credit Card # | | | | | | | | | | | | | | | | | Exp. Date | | / | |

Security Code (on back of card) | | | | |

Name on card: ______________________________

Billing address: ______________________________

Signature ______________________________

Send application along with application fee check or credit card information to:

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Administrative Office
10 W. Phillip Rd., Suite 120
Vernon Hills, IL 60061-1730