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
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