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: rachel@ga-eyemds.org
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

_____________________________________________________________________________________

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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:

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Atlanta, Georgia 30339
Phone: 404.299.6588  Fax: 404.299.7029
Email: rachel@ga-eyemds.org