



2018 Membership Form

Iowa Academy of Ophthalmology
Sandra Conlin, Executive Director
PO Box 262 - Grimes, IA 50111
Phone: 515-321-8358
iaoexecdir@gmail.com www.iowaeyedocs.org

Physician Name and Address: _____

E-mail Address: _____

Office Manager: _____ E-mail: _____

Coding contact: _____ E-mail: _____

IAO Membership Dues (Please check appropriate category.)

Make dues check payable to "IAO" or see credit card options below.

- \$625 Active member/Full time
- \$475 Second year in practice
- \$325 First year in practice
- \$25 Residents and Fellows
- \$250 Out of state (must be a full member in another state)
- Prorated: Semi-retired or part time
- Complimentary: Retired

IAO Patient Advocacy Fund ("PAF") (Please check appropriate category.)

Make check payable to "IAO", include in total below, or see credit card options below.

- \$150
- \$500
- Other _____
- \$250
- \$1000

These contributions will be to fund timely advocacy communication to our members, and provide a way for members to easily contact their legislators, and other expenses related to increased IAO advocacy efforts. **Corporate donations are allowed to the PAF.**

Form of Payment: (Corporate funds may be used for dues and "PAF" contributions.)

- Check** (Make checks payable to Iowa Academy of Ophthalmology)
- Credit Card** (We accept Visa, Mastercard, Discover and American Express)

Credit Card # _____ Total: _____

Exp. Date _____ - _____ Security Code (Back of Card or front AM EX) _____

Name as it appears on Card _____

Billing Address: _____

Billing City, State, Zip: _____

Telephone: _____ Email: _____

Signature: _____

IAO dues and PAF contributions are not tax deductible as a charitable contribution for income tax purposes. However, they may be deductible as ordinary and necessary business expenses subject to restrictions imposed as a result of association lobbying activities. IAO estimates the nondeductible portion of your current year dues or PAF contribution allocable to lobbying activity is 45%.