

Membership Form

PO Box 262 – Grimes, IA 50111



**IOWA Academy of
Ophthalmology**

Member Name: _____

Email Address: _____

Practice & Address: _____

Membership Level (Choose One):

- | | | |
|--|--|--|
| <input type="checkbox"/> \$625 – Full-time | <input type="checkbox"/> \$475 – Second year in practice | <input type="checkbox"/> \$325 – First year in practice |
| <input type="checkbox"/> \$475 – Part-time ³ / ₄ | <input type="checkbox"/> \$325 – Part-time ¹ / ₂ | <input type="checkbox"/> \$175 – Part-time ¹ / ₄ |
| <input type="checkbox"/> \$25 – Residents & Fellows | <input type="checkbox"/> Complimentary – Retired | |

Support our advocacy efforts with an additional contribution to the Patient Advocacy Fund (PAF):

- ☐ \$1000 ☐ \$500 ☐ \$250 ☐ \$150

Do you have an office manager or coding professional you want to receive our coding seminar information?

Coding contact: _____ E-mail: _____

Payment method: ☐ Check (included with this form). ☐ Bill credit card listed below.

Total Payment: _____

Credit Card # _____ - _____ - _____ - _____

Exp. Date _____ - _____ **Security Code** (Back of Card – or Front for AmEx) _____

Name as it appears on Card _____

Billing Address: _____

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%.