

# KANSAS SOCIETY OF EYE PHYSICIANS & SURGEONS

Administrative office: 10 W. Phillip Rd., Suite 120 ❖ Vernon Hills, IL 60061-1730

## Membership Application

Please provide the information requested below, sign the application and return with the appropriate dues deposit to: *Kansas Society of Eye Physicians & Surgeons, Administrative Office, 10 W. Phillip Rd., Suite 120, Vernon Hills, IL 60061-1730.*

**Membership categories (check one):**

- Active full - \$800.00**                      Physicians actively engaged in the full-time practice of ophthalmology who have a valid Kansas medical license.
- Associate new in practice - \$250.00**                      Physicians in their first three years of practice in ophthalmology who have a valid Kansas medical license.    **Check one:**    1<sup>st</sup> year    2<sup>nd</sup> year    3<sup>rd</sup> year
- Associate academic - \$250.00**                      Physicians engaged full-time on the ophthalmology faculty at an accredited medical school who have a valid Kansas medical license.
- Associate out-of-state - \$250.00**                      Physicians who reside or practice ophthalmology in another state and who are members of their home-state ophthalmology society.
- Associate part-time - \$250.00**                      Physicians who practice ophthalmology part-time or are semi-retired and who have a valid Kansas medical license.

*Note: Residents and fellows are automatically enrolled as KSEPS members.*

**PLEASE PRINT**

<b>Applicant's name</b> <i>enter here</i>	
<b>Degree(s)</b> - <i>check all that apply</i>	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> PhD <input type="checkbox"/> Other _____
<b>OFFICE INFORMATION</b>	
Practice Name	
Office Mailing address	
City/State/Zip	
Office phone	
Office fax	
E-mail address	
County	
<b>HOME ADDRESS</b> <i>(will not be published)</i>	
Street	
City/State/Zip	
Home phone	
County	
<b>Send mail to:</b>	<input type="checkbox"/> Office <input type="checkbox"/> Home
	<i>Continued on next page</i>

<b>BIOGRAPHICAL INFORMATION</b>	
Kansas medical license number	
Board certification & date	
Medical school & Year graduated	
Ophthalmology residency program(s)	
Location(s) Dates	
Fellowship(s) completed Subspecialty Location Dates	
Please indicate any project areas in which you are interested	<input type="checkbox"/> Public Information <input type="checkbox"/> Legislation <input type="checkbox"/> Eye injury registry <input type="checkbox"/> Political action committee <input type="checkbox"/> Managed care <input type="checkbox"/> 3rd party payor relations <input type="checkbox"/> Community service projects <input type="checkbox"/> Practice management programs <input type="checkbox"/> Professional education (scientific/practice mgmt.) <input type="checkbox"/> Medical society & other organization relations
If your practice <i>primarily</i> is a subspecialty, please indicate - <b>check only one</b>	<input type="checkbox"/> I primarily practice <u>comprehensive ophthalmology</u> <i>Subspecialties:</i> <input type="checkbox"/> Contact lenses <input type="checkbox"/> Cornea/external diseases <input type="checkbox"/> Glaucoma <input type="checkbox"/> Neuro-ophthalmology <input type="checkbox"/> Ophthalmic pathology <input type="checkbox"/> Pediatric ophthalmology <input type="checkbox"/> Plastic & reconstructive surgery <input type="checkbox"/> Retina/vitreous <input type="checkbox"/> Uveitis Do you perform refractive surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Dues Payment:**

Amount: \$ \_\_\_\_\_

Check       Visa       MasterCard

Make checks payable to: "Kansas Society of Eye Physicians & Surgeons"

Credit Card # | | | | ■ | | | | ■ | | | | ■ | | | | | Exp. Date | | / | | | |  
 Security Code (on back of card) | | | | |

Name on card: \_\_\_\_\_

Signature \_\_\_\_\_

<b>For Office Use Only</b>	
Date received:	
Dues deposited:	✓ number:
Date considered by BOD:	
Board action:	<input type="checkbox"/> Approved <input type="checkbox"/> Deferred <input type="checkbox"/> Not approved