



INTERNATIONAL SOCIETY FOR EYE RESEARCH

MEMBERSHIP APPLICATION

New ____ Renewal ____

Name and Degree (MD, PhD, OD, etc.): _____

Professional Institution/Affiliation: _____

Position in Institution/Organization: _____

Number of Years in Position: _____

Address: _____

City, State/Country, Zip/Postal Code: _____

Telephone Number: _____ Fax Number: _____

E-Mail Address: _____

Educational Background:

Degrees	Institution	Dates Confirmed
---------	-------------	-----------------

Postgraduate Training:

Institution	Dates
-------------	-------

Please check your area(s) of interest:

- | | | |
|--|---|--|
| <input type="checkbox"/> Molecular Biology / Genetics (MB) | <input type="checkbox"/> Lens (L) | <input type="checkbox"/> Immunology of the Eye (I) |
| <input type="checkbox"/> Fluid Dynamics / Glaucoma (FD) | <input type="checkbox"/> Transplantation (T) | <input type="checkbox"/> Cornea / Ocular Surface (C) |
| <input type="checkbox"/> Gene Therapy Approaches (GTA) | <input type="checkbox"/> Retina / Vitreous (R) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Eye Diseases (ED) | <input type="checkbox"/> Transgenic Animal Models (TAM) | |

Dues (1 year) and journal subscription options (circle 1):

- | | | | |
|----------------------|----------------------------|-----------------------------|-------------------------|
| Full Member: | • \$228 with print journal | • \$228 with online journal | • \$85 without journal |
| Family Member: | • \$297 with print journal | • \$297 with online journal | • \$159 without journal |
| Young Investigator*: | • \$194 with print journal | • \$194 with online journal | • \$53 without journal |
| Emeritus Member: | • \$141 with print journal | • \$141 with online journal | • \$0 without journal |
| Sustaining Member: | • \$680 with print journal | • \$680 with online journal | • \$530 without journal |

If you opted to subscribe to the journal please confirm your email address: _____

Applicant's Signature: _____ Date: _____

***Young Investigators Only (Required):**

Supervisor or Department Head: _____

I understand that my signature verifies that the applicant meets the definition of Young Investigator as described in the Bylaws. I share the purpose of the International Society for Eye Research and hereby apply for membership.

Authorized Signature: _____

Title: _____

Please return this application along with payment (US dollars only, via credit card*, check, or money order payable to ISER) to the ISER office:

International Society for Eye Research (ISER) • PO Box 193940 • San Francisco, CA 94119 • USA

To pay by credit card please provide the following information:

Credit Card Type (check one): Visa Mastercard American Express

Credit Card #: _____ Expiration Date (month/year): ____/____

Name as it appears on card: _____

Signature: _____