



INTERNATIONAL SOCIETY FOR EYE RESEARCH

MEMBERSHIP APPLICATION

New Application Renewal Application

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: _____

Recruited/Referred by: _____

Education:

Degrees	Institution	Dates Confirmed
<input type="checkbox"/> BS <input type="checkbox"/> BA	_____	_____
<input type="checkbox"/> MS <input type="checkbox"/> MBA	_____	_____
<input type="checkbox"/> PhD	_____	_____
<input type="checkbox"/> MD <input type="checkbox"/> OD	_____	_____
<input type="checkbox"/> _____	_____	_____

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) | |

Please select your membership type:

	1-Year Membership	1-Year Membership with Journal	2-Year Membership (NEW)
Full Member	<input type="checkbox"/> \$150	<input type="checkbox"/> \$345 <input type="checkbox"/> Print <input type="checkbox"/> Online	<input type="checkbox"/> \$250
Young Investigator*	<input type="checkbox"/> \$100	<input type="checkbox"/> \$285 <input type="checkbox"/> Print <input type="checkbox"/> Online	<input type="checkbox"/> \$175
Emeritus Member	<input type="checkbox"/> \$0	<input type="checkbox"/> \$195 <input type="checkbox"/> Print <input type="checkbox"/> Online	<input type="checkbox"/> \$0
Sustaining Member	<input type="checkbox"/> \$680	<input type="checkbox"/> \$875 <input type="checkbox"/> Print <input type="checkbox"/> Online	<input type="checkbox"/> N/A

If you opted to subscribe to the online 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:

The International Society for Eye Research (ISER)
655 Beach Street • San Francisco, CA 94109 • USA • Fax: +1-415-561-8531

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: _____