



# 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"/> \$125	<input type="checkbox"/> \$320 <input type="checkbox"/> Print <input type="checkbox"/> Online	<input type="checkbox"/> \$225
Family Member	<input type="checkbox"/> \$220	<input type="checkbox"/> \$415 <input type="checkbox"/> Print <input type="checkbox"/> Online	<input type="checkbox"/> N/A
Young Investigator*	<input type="checkbox"/> \$95	<input type="checkbox"/> \$280 <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: \_\_\_\_\_