

# ASSOCIATION OF VETERANS AFFAIRS OPHTHALMOLOGISTS

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## Membership Application

AVAO membership is January 1 through December 31. Please return this notice with your check/money order (sorry, we do not accept credit cards) for **\$50.00** to:

**AVAO**  
P.O. Box 193030  
San Francisco, CA 94119-3030

### Membership for:

Name: \_\_\_\_\_

VA Facility: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My contact numbers are:

**Office 1:** \_\_\_\_\_

**Office 1 FAX:** \_\_\_\_\_

**Office 2:** \_\_\_\_\_

**Office 2 FAX:** \_\_\_\_\_

**Home:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Please check here to indicate your willingness to serve on a committee.**

If any of the above information changes following submission of this notice, please contact the AVAO San Francisco Administrative Office by fax (415-561-8531) or e-mail [avao@aao.org](mailto:avao@aao.org).