

**AMERICAN UVEITIS SOCIETY  
MEMBERSHIP APPLICATION FORM**

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

Professional Address: \_\_\_\_\_

\_\_\_\_\_

Contact Information: Office: (\_\_\_\_\_)\_\_\_\_\_

Home: (\_\_\_\_\_)\_\_\_\_\_

Fax: (\_\_\_\_\_)\_\_\_\_\_

Email: \_\_\_\_\_

**EDUCATION**

Medical School: \_\_\_\_\_ Year Graduated: \_\_\_\_\_ Degree: \_\_\_\_\_

Graduate School: \_\_\_\_\_ Year Graduated: \_\_\_\_\_ Degree: \_\_\_\_\_

Internship: \_\_\_\_\_ Year Completed: \_\_\_\_\_

Residency: \_\_\_\_\_ Year Completed: \_\_\_\_\_

**Postdoctoral Training:**

Type & Preceptor:

Place: \_\_\_\_\_ Dates: \_\_\_\_\_

**Additional Training:**

Type & Preceptor:

Place: \_\_\_\_\_ Dates: \_\_\_\_\_

**CURRENT PRACTICE OR RESEARCH POSITION**

Place: \_\_\_\_\_

Rank: \_\_\_\_\_ Year Started: \_\_\_\_\_

**AMERICAN UVEITIS SOCIETY  
MEMBERSHIP APPLICATION FORM (CONT'D)**

**PRACTICE/RESEARCH/TEACHING DEVOTED TO UVEITIS**

1. How many years since completing training in uveitis or ocular immunology? \_\_\_\_\_
2. Estimate percentage of time devoted to management of patients with uveitis, research in ocular immunology, or teaching in uveitis or ocular immunology. \_\_\_\_\_%

**AMERICAN ACADEMY OF OPHTHALMOLOGY**

Are you a Member or Fellow of the AAO?       No       Yes

If no, are you planning on becoming a member of the AAO over the next year? YES  NO

**BRIEF DESCRIPTION OF CURRENT INTERESTS IN OCULAR INFLAMMATION  
(please completed this section- please do not write 'refer to CV')**

Clinical Research:

Basic Science Research:

**PUBLICATIONS (Please attach updated copy of CV and bibliography)**

List (or refer to # on bibliography) at least 2 publications primarily on uveitis or ocular inflammatory disease in refereed journals within last 4 years on which you were 1<sup>st</sup> or 2<sup>nd</sup> author).

- 1.
- 2.

**LETTERS OF RECOMMENDATION**

You must submit two letters of recommendation, from two individuals, *at least one of whom must be a current member of the American Uveitis Society*. Please submit these letters WITH your application form. Please indicate the names and AUS membership status of each reference below:

1. AUS member:  No  Yes

2. AUS member:  No  Yes

Send completed application and all correspondence to:

Janet L. Davis, MD  
900 N.W. 17th Street  
Miami, FL 33136  
TEL: 305-326-6377 • FAX: 305-326-6071