

Kentucky Academy of Eye Physicians & Surgeons

P.O. Box 920, Pewee Valley, KY 40056

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Email: Miranda@kyeyemds.org

Last Name: _____ M.D., D.O. First: _____ Middle: _____

Practice Name: _____

Office Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

Office Telephone: _____

Office Administrator: _____ Office Administrator Email: _____

KAEPS communicates with its members via email. Please make sure we have a unique email address for you.

e-mail: _____ @ _____ . _____

- _____ Comprehensive Ophthalmology _____ Glaucoma _____ Oculo-Plastics _____ Pediatrics
- _____ Cornea/External Disease _____ Anterior Segment Surgery _____ Retina/Vitreous _____ Neuro

Home Address: _____ City: _____ State: _____ Zip: _____

Home Tel: () _____ - _____ Cell Phone: () _____ - _____ Date of Birth: _____

KAEPS 2021 Membership Dues:

Active Dues

1 st Year out of Training -----	\$100.00	Out-of-State -----	\$100
2 nd Year out of Training -----	\$275.00	Life Member or Retired -	\$0
3 rd Year & thereafter -----	\$550.00	Military -----	<i>Waived if on active duty</i>
Part-time -----	\$275		

Contributions or gifts to the KAEPS are not tax deductible as charitable contributions for federal income tax purposes. However, dues payments (except for specific governmental affairs expenses) may be deducted as professional or business expenses, to the extent allowable by law. 28 percent of these dues is non-deductible as it relates to a governmental affairs expense.

Payment

CHECK ENCLOSED FOR \$ _____ CHECK NO. _____

CREDIT CARD PAYMENT. You may fill out this form or pay via our PayPal account at paypal.me/kyeyemds.

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____ SECURITY CODE: _____ AMOUNT AUTHORIZED \$ _____

NAME ON CARD: _____

ADDRESS OF CARDHOLDER _____

CITY _____ STATE _____ ZIP _____ + _____

SIGNATURE OF CARDHOLDER _____ TEL. NO. FOR CONTACT () _____

Please return a copy of this entire completed Membership Application with your check or this completed credit card authorization to:

Kentucky Academy of Eye Physicians & Surgeons
P.O. Box 920
Pewee Valley, KY 40056
[**Miranda@kyeyemds.org**](mailto:Miranda@kyeyemds.org)