



Application for OAS Membership

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info@eyeanesthesia.org

Name _____ Degree (s) _____

Institution _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Please indicate your job title:

_____ Anesthesiologist Board Certified? Yes No

_____ Ophthalmologist License #: _____

_____ Nurse Anesthetist CRNA #: _____

Signature _____ Date _____

The Ophthalmic Anesthesia Society (OAS) is an organization of anesthesiologists, ophthalmologists and nurse anesthetists dedicated to providing the highest quality anesthesia services for ophthalmic surgery. OAS provides education via the exchange of ideas, promotes research and advanced study and is a foundation upon which ophthalmic anesthesia can communicate its interests.

OAS membership benefits include special priority communications on clinical situations requiring immediate attention; legislative alerts pertaining to ophthalmic anesthesia; a newsletter with clinical and political issue updates published three times a year; and a directory of OAS members. Most importantly, OAS provides you with advocacy that reflects your interest in providing the highest quality ophthalmic anesthesia.

Please complete and mail this application with first year's dues of \$275 to:

Ophthalmic Anesthesia Society
N83 W13410 Leon Road
Menomonee Falls, WI 53051

Alternatively, please provide your credit card details below:

Type of card: American Express Mastercard Visa

Name on card: _____

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Expiration Date: _____ Security Code: _____

You may send this completed form to: info@eyeanesthesia.org or by fax to 414-359-1671.