

# Benefits

of Membership in CLAO

- **Complimentary subscriptions to:**
  - CLAOgram Online, a members-only e-newsletter
  - Review of Contact Lenses (RCL), including the RCL Professional Reference Guide (US only)
  - CLAO Peer-Reviewed Journal, Eye and Contact Lens: Science and Clinical Practice (both hard-copy and online access). A subscription is not included with Allied Health Membership. A maximum of three subscriptions are available with a Group Membership.
- **Complimentary professional listing** on the World Wide Web at [www.ContactLensDocs.com](http://www.ContactLensDocs.com) (Regular, Associate and Affiliate members only)
- **Continuing education opportunities** at CLAO Meetings
- **Registration discount** at the CLAO Annual Scientific Meeting and Regional Meetings
- **Professional development and leadership opportunities, such as participation on:**
  - CLAO Annual Meeting Faculty
  - CLAO Committees and Board of Directors
- **CLAO educational publications discounts** (See the CLAO Publications/Pamphlets Order Form)
  - CLAO Resident's Contact Lens Curriculum Manual (Third Edition)
  - Contact Lenses: The CLAO Guide to Basic Science & Clinical Practice
  - The CLAO Pocket Guide to Contact Lens Fitting
  - CLAO Guide to Spectacles and Dispensing: A Primer for Ophthalmologists
  - CLAO Resident's Curriculum Manual on Refraction, Spectacles & Dispensing
  - CLAO Home Study course
  - Aids and the Eye
  - The CLAO Pocket Guide to Contact Lens and Vision Care Terminology
  - JCAHPO & CLAO Contact Lens Learning Systems
- **Opportunities to network** with fellow colleagues in the field of contact lenses and vision correction
- **Voting privileges** to elect members of the CLAO Board of Directors (does not apply to all member categories)
- **Special pricing on OMIC insurance coverage** after attending OMIC Courses

## CLAO Membership Application

(Please print or type information)

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Clinic/Practice/Institution: \_\_\_\_\_

Address:  work  home \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail: \_\_\_\_\_ Country: \_\_\_\_\_

Clinic Web site address (if applicable) www \_\_\_\_\_

Form of Payment:  Check or Money Order (make payable to CLAO and send to address below; checks must be drawn on U.S. funds)  
 Visa  MasterCard  Discover  American Express

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Cardholder's Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: **X** \_\_\_\_\_ Name on Card: \_\_\_\_\_

PLEASE PRINT

07/01/08

Membership Categories: (check <u>ONE</u> box)	ANNUAL DUES	AMOUNT ENCLOSED
<b>Regular Member</b> <input type="checkbox"/> First and Second Years in Practice <input type="checkbox"/> Three Years or Longer	\$ 160 \$ 295	\$ _____ \$ _____
<input type="checkbox"/> <b>Group Membership*</b> Please list all doctors in the same practice in the box at the right. (includes 3 journals)	\$ 595	\$ _____
<input type="checkbox"/> <b>Associate Member</b> Scientists, Researchers and Industry Professionals	\$ 275	\$ _____
<input type="checkbox"/> <b>Affiliate Member</b> Doctor of Optometry	\$ 245	\$ _____
<input type="checkbox"/> <b>Allied Health Member</b> Ophthalmic Personnel - Does NOT include subscription to the Journal - ATPO joint membership available at no additional cost <input type="checkbox"/> Yes, I'd like to join ATPO.	\$ 95	\$ _____
<input type="checkbox"/> <b>Resident/Fellow Member (Dues Waived)</b> - Date of Training Completion: _____ - Institution: _____ _____ _____	\$ 0	\$ _____ 0
<b>Total Enclosed:</b>		<b>\$ _____</b>

\* **Group Membership:** Print names, degree and e-mail address for all doctors. (NOTE: First three names listed will receive complimentary subscriptions to the Journal)\*

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\*All doctors (MD, OD, PhD) must be part of the same practice. Up to 3 copies of the association's journal (*Eye and Contact Lens: Science and Clinical Practice*) will be provided.

Mail this completed membership application to:  
 CLAO, 2025 Woodlane Drive, St. Paul, MN 55125



Phone: (877) 501-3937  
 Fax: (651) 731-0410  
 www.claio.org

## About CLAO

Founded in 1963, and incorporated as a 501C(6) organization in 1964, the Contact Lens Association of Ophthalmologists, Inc. (CLAO), has grown to become an important medical subspecialty association. CLAO is dedicated to providing ophthalmologists, optometrists, and other eye care professionals with leading edge information in contact lens and related vision science.

## Mission

The Mission of CLAO is to advance quality medical eye care for the public by providing comprehensive ophthalmologists and other eye care professionals with education and training in contact lenses and related eye care science.

877.501.3937  
eyes@clao.org



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www.clao.org  
www.ContactLensDocs.com

# CLAO

Contact Lens Association of Ophthalmologists  
An International Educational Association

*Advancing quality  
medical eye care  
through education  
and training in  
contact lenses and  
related sciences.*



## Membership Application

www.clao.org