

APPLICATION FOR FELLOWSHIP IN THE
MONTANA ACADEMY OF OPHTHALMOLOGY

Date _____

Name (in full): _____

Home Address: _____

E-mail Address: _____ Telephone: _____

Business Name: _____

Business Address: _____

Telephone: _____ Fax: _____

Premedical Education: _____ Degree Rec'd: _____

Medical College: _____ Year of Graduation: _____

Post-Graduate Training (when & where): _____

Date of certification by American Board of Ophthalmology: _____

Society Affiliations: _____

Hospital and Teaching Appointments: _____

Signature of Applicant _____

Recommended by: (1) _____

(2) _____

1. An applicant must be recommended by two active members of the Montana Academy and may be a member of his/her county medical society.

2. There is a two-year probationary period for each new member. During that time the new member will pay dues and have all the privileges of regular members except voting.