

A. General Information (please print clearly)

I am new member I am renewing membership (ID#)

First name _____ Middle initial _____

Last (family) name _____ Advanced degree(s) _____

Position _____ Department _____

Institution _____

Street address _____


City _____ State/Province _____

Zip(Postal)code _____ Country _____

Phone _____ Fax _____ Mobile _____

Email (required) _____

Additional email (if completing on behalf of member) _____

 Please indicate accessibility requirements _____

Submit your application by Jan. 4 to submit an abstract for ARVO 2021.

Membership categories and dues

For complete member benefits and further details, see ARVO.org.

Regular Members \$255 (USD)

Individuals demonstrating a serious interest in or making significant scientific contributions to visual science.

Life Members \$5,100 (USD)

Individuals qualifying for regular membership paying one-time dues that provide lifetime benefits of regular membership.

Members-in-Training \$130 (USD)

Individuals in full-time training at institutions of higher learning in a scientific field related to vision or ophthalmology. Membership in either or both training categories is limited to a total of 7 years.

■ **Student/Predoctoral**
Trainees who have not earned a doctorate level degree.

■ **Postgraduate/Resident**
Trainees who have attained a doctorate level degree.

Student status will be verified.

Retired Members \$120 (USD)

Any Regular member may make a written request to ARVO that his or her membership be transferred to that of a Retired Member provided that, at the time of request, such person has been a Regular, Sustaining or Life member for a cumulative total of at least twenty (20) years; is retired from employment and is no longer engaged in his or her regular research, academic or other scientific activities.

All requests can be made to arvo@arvo.org.

B. Scientific sections and Cross-sectional groups

For descriptions of sections and groups, see ARVO.org/About/Scientific-Sections/ Select **one** section or group below (required).

Scientific sections

Anatomy and Pathology/Oncology (AP)
 Anatomy
 Pathology

Biochemistry/Molecular Biology (BI)

Clinical/Epidemiologic Research (CL)

Cornea (CO)

Eye Movements/Strabismus/Amblyopia/Neuro-ophthalmology (EY)

Glaucoma (GL)

Immunology/Microbiology (IM)

Lens (LE)

Physiology/Pharmacology (PH)

Retina (RE)

Retinal Cell Biology (RC)

Visual Neuroscience (VN)

Visual Psychophysics/Physiological Optics (VI)

Cross-sectional groups

Genetics (GEN)

Low Vision (LV)

Multidisciplinary Ophthalmic Imaging (MOI)

C. Membership dues

For Annual Meeting registration only, skip this section and continue on reverse side.

Full Member Dues (see column at right)

Single-year regular member (2021).....\$255

Two-year regular member (2021 – 2022)\$510

Life member\$5,100

Retired\$120

Members-in-Training dues

Student/Predoctoral\$130

Postgraduate/Resident.....\$130

Section C subtotal: \$ _____

Supervisor's Information (required for Members-in-Training)

Name: _____

Email: _____

Institution/department: _____

Expected training level completion: _____ mm/dd/yy

Student status will be verified.

2021 ARVO Virtual Annual Meeting Registration

D. 2021 Annual Meeting registration

	By March 12	After March 12	
<input type="checkbox"/> ARVO Member	\$339	\$389	\$ _____
<input type="checkbox"/> ARVO Member-in-Training	\$199	\$249	\$ _____
<input type="checkbox"/> Nonmember (meeting registration + 1 year membership)	\$594	\$644	\$ _____
<input type="checkbox"/> Nonmember (meeting registration only)	\$594	\$644	\$ _____
<input type="checkbox"/> Nonmember-in-Training	\$329	\$379	\$ _____
Section D subtotal:			\$ _____

3 easy ways to submit application/registration:

- **Mail:**
ARVO
5515 Security Lane, Suite 500
Rockville, MD 20852-5622
 - **Fax: +1.240.221.0370**
 - **Scan and email:**
arvo@arvo.org
- Payment must accompany this form.** To avoid duplication, do not mail the original application/registration form if you fax the

Payment

For security purposes, ARVO paper forms no longer include credit card payment information. All credit card payments may be made through the ARVO Website process or the PayPal secured terminal.

Total of section D \$ _____

Donate to the ARVO Foundation? \$ _____

(Donations are tax deductible to the fullest extent of U.S. law. Tax ID: 52-2322462).

- Check enclosed (payable to ARVO in U.S Dollars drawn on a U.S. bank) **Total** \$ _____
- PayPal secured terminal

PayPal secured terminal information

- Use our secured payment terminal to complete your transaction by following this link: <https://arvo.wufoo.com/forms/q72pzht0le34g6>
- Your invoice number is **ARVO2021{enter last name}**
- You may either sign into your existing PayPal account or select "Pay with Debit or Credit Card."
- Please send your confirmation receipt to arvo@arvo.org, once your transaction is completed, and a customer service representative will assist you.

Additional Information

- Allow one day for processing.
- For payments by wire transfer, contact arvo@arvo.org for instructions and fees.
- Faxed and mailed payments must be received by **Jan. 4, 2021**, to ensure processing prior to abstract deadline.
- Membership dues are not refundable or transferable.
- ARVO Federal ID: 34-0812556
- Meeting registration refunds: Email request must be received by 5pm, EDT. Fri., April 23, 2021; an administrative fee of \$40 (\$20 student) will be retained.
- An email confirmation of registration will be sent to you once payment is processed.