



North Carolina Society of Eye Physicians & Surgeons

PO Box 27167 | Raleigh, NC 27611 | Tel: 919-833-3836

Fax: 919-833-2023 | ncoph@ncmedsoc.org | www.nceyemd.org

Application for Membership

Complete this form or join online at www.nceyemd.org

Section I

Full Name: _____ Credentials: MD, DO, _____

Male Female Date of Birth: _____ Married? Yes Spouse's Name _____

Email: _____ Cell Phone: _____

Practice Name: _____ Fax Number: _____

Business Address (preferred mailing address? Yes): _____ City, State, Zip: _____ Business Telephone: _____

Home Address (preferred mailing address? Yes): _____ City, State, Zip: _____ Home Telephone: _____

Section II

Medical School: _____ Year of Completion: _____

Residency Program: _____ Year of Completion: _____

Fellowship Program: _____ Year of Completion: _____

North Carolina Medical License Number: _____

Is your practice limited to ophthalmology? Yes No

If no, additional practice area(s): _____

Section III

New Member \$750 3rd Year in Practice (post training) \$500 2nd Year in Practice (post training) \$400 1st Year in Practice (post training) \$300

Retired Physician \$0 Residents and Fellows-in-Training \$0

Payment Options: Check payable to NCSEPS MasterCard Visa

Card number: _____ Exp. Date: _____ CVV: _____

Applicant's Signature _____ Date: _____

Complete and return this form by mail or fax to:

NCSEPS, PO Box 27167, Raleigh, NC 27611 | Fax: 919-833-2023

Federal Law requires us to notify members that 100% of the 2019 NCSEPS dues amount paid by members is not deductible in accordance with IRC section 6033 regarding professional dues. For your records, 100% of dues was not deductible in 2018. Dues to NCSEPS are not deductible as charitable contributions for Federal income tax purposes. However, they may be tax deductible under other provisions of the Internal Revenue Code.