

**Application for Membership**  
**DALLAS ACADEMY OF OPHTHALMOLOGY**

Date \_\_\_\_\_

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Ophthalmology Residency Training

Location: \_\_\_\_\_

Dates: \_\_\_\_\_

Member of \_\_\_\_\_ County Medical Society

Names of two members of the Dallas Academy of Ophthalmology who recommend you for membership:

1. \_\_\_\_\_

2. \_\_\_\_\_

Sub Specialty Interest: \_\_\_\_\_

Please return this application to: Gregory Kozielec, M.D. with Annual Membership-Fee of \$250.00.

Physical Address: 3414 Oak Grove Ave. Dallas, Texas 75204

Phone: 214-521-1153 Fax: 214-219-3651 Email: sukoz@swbell.net

Signed: \_\_\_\_\_