



**Sharam Danesh, M.D.**  
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**Craig Suiter, M.D.**  
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Suite 100  
Phoenix, AZ 85012  
602.254.7255

**For Correspondence:**  
**Attn: Shauna Mote**  
3330 N. 2<sup>nd</sup> St.  
Suite 600  
Phoenix, AZ 85012  
Ph: 480.220.0218  
Fax: 602.314.5137  
shaunammote@yahoo.com

Dear Doctor,

Thank you for your interest in the Phoenix Ophthalmological Society. We look forward to welcoming you into our ophthalmic community.

There are two classifications for membership in the Phoenix Ophthalmological Society, Active and Associate. Active and associate members have the same privileges and obligations of membership, except an associate member may not hold office or vote on membership, bylaws, or articles of the Society. As with any Society, there is some membership criteria established. Criteria for the Phoenix Ophthalmological Society are as follows:

To become an applicant for Active membership, you must be eligible to take the American Board of Ophthalmology, the Canadian equivalent of such Board, or the American Osteopathic Board of Ophthalmology. Also, you must submit the following:

- 1) A completed application
- 2) A brief Curriculum Vitae
- 3) A letter of recommendation from an active member of the Society
- 4) A letter of recommendation from an ophthalmologist familiar with your experience 3 years prior to this application
- 5) A letter of intent to join

To become an applicant for Associate membership, you may or may not be an Ophthalmologist, but must hold a degree of Doctor of Medicine, or Doctor of Osteopathy, and be engaged in a field related to ophthalmology. The above criteria must also be submitted.

After becoming an applicant, the following requirements must be met to become an Active or Associate member:

- 1) Must have attended at least 50% (at least 2) of the educational meetings over a one year period
- 2) For active membership, you must be board certified by the American Board of Ophthalmology, Canadian equivalent of such Board, or the American Osteopathic Board. For associate membership, you may be Board certified in another field.
- 3) Must be elected into the Society by a membership vote

There is a two year limit on how long you may remain as an applicant while meeting your criteria. After that time, you must reapply with a \$50.00 application fee. There is no fee for the initial application.

The Phoenix Ophthalmological Society holds four educational meetings annually. These are held between the months of September and April usually on a Thursday evening. There is an additional social dinner given by the President for active members in April or May. The Society has a speaker at each educational meeting. Speakers are selected from prominent ophthalmologists or are in fields pertinent to ophthalmology and will discuss topics of interest to the members.

As an applicant, you may attend your first meeting at no cost; the charge for future meetings is \$80.00. The cost of the reception, dinner and speaker are included in this fee. Prior to each event, you will be receiving an RSVP packet in the mail. If you plan to attend, the \$80.00 fee should be submitted before the meeting.

The Phoenix Ophthalmological Society also has two Journal Club meetings each year which take place on Monday nights. These meetings give members and applicants the opportunity to choose and submit a published article of personal interest for further discussion at the meeting. You are not required to submit an article to attend a Journal Club meeting. There is a \$40 dinner fee for each Journal Club meeting.

Joining the Phoenix Ophthalmological Society will provide you with the opportunity to meet your fellow ophthalmologists in a relaxed, social atmosphere. We look forward to seeing you at our meetings.

Please submit your completed application and other requested information to:

Phoenix Ophthalmological Society  
Attn: Shauna Mote  
3330 N. 2nd St.  
Suite 600  
Phoenix, AZ 85012  
(480) 220-0218

Sincerely,

Dharmendra R. Patel, M.D.  
Secretary-Treasurer



## APPLICATION FOR MEMBERSHIP

Name: \_\_\_\_\_  
Please Print

Practice Name & Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City State Zip

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

E-mail: \_\_\_\_\_

I prefer to be contacted by: Phone Email Mail

Membership applying for: \_\_\_\_\_ Active \_\_\_\_\_ Associate

Medical training:

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

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

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

Sub-Specialty: \_\_\_\_\_ Dates: \_\_\_\_\_

Board Certification:

Board: \_\_\_\_\_

Eligible: \_\_\_\_\_ Certified: \_\_\_\_\_ Dates: \_\_\_\_\_

Arizona license number: \_\_\_\_\_

It is my desire to join the Phoenix Ophthalmological Society.

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

**\*You must also include your CV, a letter of recommendation from an active POS member and a letter of recommendation from an ophthalmologist familiar with your experience 3 years prior to this application.**

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### FOR OFFICE USE ONLY

Recommended by: \_\_\_\_\_

Date approved by POS: \_\_\_\_\_

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