



## WYOMING OPHTHALMOLOGICAL SOCIETY

122 E. 17<sup>th</sup> Street  
Cheyenne, WY 82001

Dear Dr. Doctor,

### **Together we are stronger.**

The mission of the Wyoming Ophthalmological Society (WOS) is to:

- Promote excellence in patient care;
- Foster professional fellowship and continuing medical education; and
- Be a strong advocate for patients and the physicians who serve them.

**WOS is Wyoming ophthalmology and we need you with us.** Maintaining the standing of our profession requires your participation in WOS. We work closely with AAO on national issues and are proud to call them our partner. But things are happening right here in our backyard that we must address ourselves. WOS is the only statewide organization of Wyoming ophthalmologists that is dedicated to representing you and responding to your needs. Almost all of our funding comes from membership dues so your participation is critical. Here is what an ophthalmologist receives for being a member of the society:

- Professional representation in Cheyenne - you may not like it but the fact is it costs money to be heard in the legislature. We utilize a strong lobbyist so that when the tough votes come we have done the prep work to ensure your interests are being protected at the state capitol.
- 10% discount on your OMIC insurance if you participate in a risk management session - this alone will likely cover the cost of your dues.
- ICD-10 training – CODEQuest Coding Seminar was just held in Cheyenne.
- Cutting edge clinical education programs – including *CSEPS Connect* that provides access to experts on the latest developments in standards of care.
- Opportunities to network with fellow ophthalmologists throughout the state.

Please join today so that we can stand together as colleagues. This is the best way to meet the future. Together as a state society we can insure quality eye care in Wyoming.

The membership dues are \$350. Please remit your payment to Wyoming Ophthalmological Society and mail it to  
P.O. Box 4009  
Cheyenne, WY 82003

If you have any questions regarding your membership, please contact Maria Cowley at 307.635.2424 or [mcowley@wyomed.org](mailto:mcowley@wyomed.org).

Sincerely,

Anne E. Miller, MD  
President, Wyoming Ophthalmological Society



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### APPLICATION FOR MEMBERSHIP

#### Biographical Data

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Subspecialty \_\_\_\_\_

#### Education

Medical School \_\_\_\_\_ Year Graduated \_\_\_\_\_

Internship \_\_\_\_\_ Year Completed \_\_\_\_\_

Residency \_\_\_\_\_ Year Completed \_\_\_\_\_

Fellowship \_\_\_\_\_ Year Completed \_\_\_\_\_

#### Licensing/Certifications/Affiliations

Wyoming License # \_\_\_\_\_ Date of License \_\_\_\_\_

Board Certification \_\_\_\_\_ Date \_\_\_\_\_

American Academy of Ophthalmology: \_\_\_Member \_\_\_Fellow \_\_\_Non-Member

American Medical Assn: \_\_\_Member \_\_\_Non-Member / State Medical Assn: \_\_\_Member \_\_\_Non-Member

Other Society Membership: \_\_\_\_\_

Hospital Affiliations (Active Staff) \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_