



**DEPARTMENT OF OPHTHALMOLOGY  
ALUMNEYE ASSOCIATION  
2011 - 2012  
MEMBERSHIP APPLICATION**

*SEPT. 1, 2011 – AUG. 31, 2012*

**TOTAL DUE: \$100**

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

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

Dues: \$100

**Please make checks payable to:**  
***UT Ophthalmology AlumnEye Association***

Mail application and check to:  
UT Southwestern Medical Center  
Department of Ophthalmology  
**ATTN: Roger Pinkert**  
5323 Harry Hines Boulevard  
Dallas, TX 75390-9057