American Academy of Optometry

Special Interest Group (SIG)

Application

1. **Proposed SIG Name:**

**2.** **Contact Name**:

Address:

Email:

Telephone (include work, cell, home):

**3. Statement of Purpose of proposed AAO Special Interest Group**

For this response, describe your SIG’s purpose/mission statement within the confines of the Academy’s general SIG policy (attached). The Board of Directors encourages you to identify the significance of your topical area to the profession and the anticipated general benefits of your SIG to fellows in the American Academy of Optometry.

**Vision Statement of Intent**

**Statement of the benefit to the membership**

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**4. List at least 25 Academy Fellow Proposed SIG Members (include name and city/state); all must be in good standing with the Academy. For more than 25 names, hit “Tab” when you enter the 25th name to add more rows.**

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|  | **Name** | **City/State or Country** | **Email** |
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Please email this form to Helen Viksnins at [Helenv@aaoptom.org](mailto:Helenv@aaoptom.org), fax to 407-893-9890, or mail to her at American Academy of Optometry, 2909 Fairgreen St, Orlando, FL 32803.