



**DEPARTMENT OF OPHTHALMOLOGY  
ALUMNEYE ASSOCIATION**

**MEMBERSHIP DUES STATEMENT  
2008 – 2009  
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  
5323 Harry Hines Boulevard  
Dallas, TX 75390-9057

Attn: Roger Pinkert