



R. Townley Paton Society Membership Form

Complete the information below to purchase a Paton Society Membership for additional Medical Directors associated with your organization.

Eye Bank Information

Eye Bank: _____
Executive Director Name: _____ Executive Director Email: _____

Medical Director Information

1. Name: _____ Designation (MD, PhD) _____ Organization: _____
Email: _____ Street, City, State, & Zip: _____

Select the Appropriate Paton Society Membership Type

Paton Society: \$75 Paton Society for Residents/Fellows: \$25 *Cornea Journal Subscription*

2. Name: _____ Designation (MD, PhD) _____ Organization: _____
Email: _____ Street, City, State, & Zip: _____

Select the Appropriate Paton Society Membership Type

Paton Society: \$75 Paton Society for Residents/Fellows: \$25 *Cornea Journal Subscription*

3. Name: _____ Designation (MD, PhD) _____ Organization: _____
Email: _____ Street, City, State, & Zip: _____

Select the Appropriate Paton Society Membership Type

Paton Society: \$75 Paton Society for Residents/Fellows: \$25 *Cornea Journal Subscription*

4. Name: _____ Designation (MD, PhD) _____ Organization: _____
Email: _____ Street, City, State, & Zip: _____

Select the Appropriate Paton Society Membership Type

Paton Society: \$75 Paton Society for Residents/Fellows: \$25 *Cornea Journal Subscription*

5. Name: _____ Designation (MD, PhD) _____ Organization: _____
Email: _____ Street, City, State, & Zip: _____

Select the Appropriate Paton Society Membership Type

Paton Society: \$75 Paton Society for Residents/Fellows: \$25 *Cornea Journal Subscription*

Payment Information

Charge my: VISA MasterCard AmEx Check attached in US Currency

Card Number: _____ Expiration Date: _____

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Billing Address (Zip Required): _____

FAX, MAIL, OR E-MAIL THIS FORM TO THE EBAA WITH PAYMENT

E-mail: Genevieve@restoresight.org

Mail: 1101 17th Street Northwest, Suite 400, Washington DC, 20036