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## MEMBER ID/PASSWORD REQUEST FORM

The Members Only section of the IAO website was created for physician members of the Academy. Each member has been assigned a Member ID and Password. Members may share this information with their staff, if they so choose. However, all requests for Member ID and Passwords must originate from the member physician.

If you have lost your Member ID and/or Password, please complete the following information and fax to the Academy.

Physician Member's Name: \_\_\_\_\_  
Please Print

Please forward the requested information to me via:

Email: \_\_\_\_\_

Fax: \_\_\_\_\_

\_\_\_\_\_  
Physician Member's Signature

\_\_\_\_\_  
Date:

To Be Completed by Indiana Academy of Ophthalmology

Member ID: \_\_\_\_\_

Member Password: \_\_\_\_\_

Date: \_\_\_\_\_

By: \_\_\_\_\_