

# Join the AOA today!

Just fill out and returning the form below.

- \$573 special enrollment rate for DOs in practice four or more years
- \$513 for active US Military/PHS/VA
- \$513 for DOs in third year of practice
- \$341 for DOs in second year of practice
- \$171 for DOs in first year of practice
- \$69 for full-time DO interns and residents
- \$104 for DOs who are fully retired

\*If you are AOA Board Certified, please remember to include an **additional \$65** fee with your remittance.

The AOA membership year begins on June 1 and ends on May 31.

*Yes!*

I want to become a member of the AMERICAN OSTEOPATHIC ASSOCIATION

I am paying my membership dues by  check  MasterCard®  VISA®  Discover®  American Express®

My credit card number is ---

Amount \$ \_\_\_\_\_ My credit card expires \_\_\_\_\_

Signature \_\_\_\_\_

1. Do you currently have an unrestricted license to practice medicine?

Yes  No

2. Has your license ever been suspended or revoked? (If yes, please provide details separately.)

Yes  No

3. Have you ever been convicted of a felony offense? (If yes, please provide details separately.)

Yes  No

I am applying for membership in the American Osteopathic Association, and I agree to comply with the AOA's constitution, bylaws, and code of ethics.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name (please print) \_\_\_\_\_

Street address \_\_\_\_\_

City, state and ZIP code \_\_\_\_\_

Office telephone number \_\_\_\_\_ Fax number \_\_\_\_\_

Home telephone number \_\_\_\_\_ E-mail address \_\_\_\_\_

Fax or mail this form to the AMERICAN OSTEOPATHIC ASSOCIATION,  
Member Service Center 142 E. Ontario St., Chicago, IL 60611-2864.  
FAX (312) 202-8206



AMERICAN OSTEOPATHIC ASSOCIATION  
TREATING OUR FAMILY AND YOURS