



AMERICAN OSTEOPATHIC ASSOCIATION

TREATING OUR FAMILY AND YOURS

APPLICATION FOR ALLIED MEMBERSHIP

Allied Membership in the American Osteopathic Association is limited to: **1)** those licensed healthcare providers who are currently employed with an active member of the AOA, contribute to the practice of that member, are not eligible for any other category of membership and who support the goals and objectives of the AOA; or **2)** to physicians holding an MD degree and licensed to practice in the US who support the AOA mission and subscribe to its code of ethics. Application for membership and payment of fees should not be construed as acceptance of membership. The Bureau of Membership reviews and approves applications for Allied Membership.

1. Your Information

Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ E-mail: _____

Current Employer: _____

Current Position: _____

Current Email: _____

2. Reason for Seeking Allied Membership

Licensed allied healthcare provider currently employed by/with a DO

MD

Reason for seeking Allied Membership:

3. Statement of Application

I hereby make application for Allied Membership in the American Osteopathic Association and request consideration by the Bureau of Membership. Enclosed with my application is the current annual membership fee of \$441.00. It is understood that Allied Membership may be withdrawn upon failure to pay annual dues or meet the qualifications for membership as denoted in the AOA's Bylaws. I further agree to comply with the AOA's Code of Ethics. (Please strike this sentence if applicant is not an MD.)

Signature of Applicant: _____ Date: _____

4. Dues Payment

Please submit your check or credit card payment for \$441.00, the current annual dues rate for Allied Membership in the AOA.

My Check made payable to the American Osteopathic Association is enclosed.

Please charge my: American Express Discover MasterCard Visa

Card Number: _____ Exp. Date: _____

Signature: _____ Amount: _____

5. Return

Please complete and return this application to the address or fax number below.

American Osteopathic Association
Department of Membership
142 E. Ontario St.
Chicago, IL 60611-9961
Fax: (312) 202-8206

Please contact the AOA's Member Service Center if you have any questions: 1-800-621-1773, press "1"