

Join the today!

Just fill out and returning the form below.

The following rates represent fiscal year 2011.

- \$550 special enrollment rate for DOs in practice four or more years
- \$488 for active US Military/PHS/VA
- \$488 for DOs in third year of practice
- \$325 for DOs in second year of practice
- \$163 for DOs in first year of practice
- \$66 for full-time DO interns and residents
- \$99 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.



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 _____

<p>1. Do you currently have an unrestricted license to practice medicine? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Has your license ever been suspended or revoked? (If yes, please provide details separately.) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Have you ever been convicted of a felony offense? (If yes, please provide details separately.) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>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.</p> <p>Signature _____</p> <p>Date _____</p>
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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