



American Osteopathic College of Occupational and Preventive Medicine
200 Volunteer Lane
Harrogate, TN 37752
 (800) 558-8686 Fax: (888) 932-3535
 Email: Jeffrey@aocopm.org

2019 Member Invoice

Membership Information
Name: _____
Preferred Mailing Address: _____ _____
Email: _____

Date	AOA #

Item	Membership Category	Amount Due
2019 AOCOPM Membership Dues	<input type="checkbox"/> Active Member \$300	\$ _____
	<input type="checkbox"/> Emeritus/Retired Member \$100	
	<input type="checkbox"/> Military/Public Health/VA \$225	
	<input type="checkbox"/> Resident \$100	
	<input type="checkbox"/> Associate \$225	
	<input type="checkbox"/> Student Gratis	

Please consider an additional contribution of: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1000 <input type="checkbox"/> \$2500 <input type="checkbox"/> other amount _____	Indicate which of the following focus areas that you wish your contribution to support: <input type="checkbox"/> General Operating Fund <input type="checkbox"/> Membership Growth and Retention <input type="checkbox"/> Continuing Education Program and Test-Bank Development <input type="checkbox"/> Scholarship Fund for Osteopathic Medical Students <input type="checkbox"/> Other _____
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AOCOPM is a 501(c)(3) educational organization. Membership dues are generally deductible as an ordinary business expense. Additional individual contributions that are freely given for the tax exempt purpose of the organization are deductible as a charitable gift. Please consult your tax advisor.

<input type="checkbox"/> PAYMENT BY CHECK to AOCOPM; Check # _____	TOTAL ENCLOSED \$ _____
<input type="checkbox"/> PAYMENT BY CREDIT CARD: <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMEX	
CARD # _____ EXP DATE (MM/YY) ____/____ SECURITYCODE _____	
<input type="checkbox"/> Check here to auto-renew on an annual basis using your above credit card information.	
NAME ON CARD _____	
AUTHORIZED SIGNATURE _____	
BILLING ADDRESS _____	
BILLING CITY, STATE, ZIP _____	

Mail to:
AOCOPM MEMBERSHIP
200 Volunteer Lane
Harrogate, TN 37752
 or Fax to 888-932-3535, or pay at our secure online site: www.aocopm.org

Staff Use Only
Received: _____
Database: _____
QuickBooks: _____