



2021 Dues Invoice

Name		Date	
Mailing Address		AOA# (if applicable)	
Email		Phone	

Item	Membership Category	Amount Due
2020 AOCOPM Membership Dues	<input type="checkbox"/> Active Member	\$300
	<input type="checkbox"/> Emeritus/Retired Member	\$100
	<input type="checkbox"/> Military, Active Duty	\$225
	<input type="checkbox"/> Resident	\$100
	<input type="checkbox"/> Associate (MDs, PAs, NPs)	\$225
	<input type="checkbox"/> Student	Gratis
		\$ _____

<p>Please consider an additional contribution of:</p> <input type="checkbox"/> \$500 <input type="checkbox"/> \$1000 <input type="checkbox"/> \$2500 <input type="checkbox"/> other amount _____	<p>Indicate which of the following focus areas that you wish your contribution to support:</p> <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.

PAYMENT BY CHECK to AOCOPM: Check # _____ **TOTAL ENCLOSED \$** _____

PAYMENT BY CREDIT CARD: VISA MC DISCOVER AMEX
 CARD # _____ EXP DATE (MM/YY) ____/____ SECURITYCODE _____

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: Jeffrey LeBoeuf, AOCOPM MEMBERSHIP
 200 Volunteer Lane
 Harrogate, TN 37752

Fax: 888-932-3535

Email: ronda@aocopm.org

Online: www.aocopm.org/join-or-renew

Questions? Call (800) 558-8686

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



American Osteopathic College of Occupational and Preventive Medicine

2021 Database Update

Name	Credentials	AOA#

****Preferred Mailing Address**

Is this address your Home or Office?

**Email	
Office Phone	
**Fax	
**Home Phone	
**Mobile Phone	

Please volunteer for the following AOCOPM committees:

- Communications & Publications Committee
- Continuing Medical Education Committee
- Correctional Medicine Task Force
- Disability and Impairment Course Development Team
- MRO Course Faculty
- Basic Course in Occupational and Environmental Medicine Faculty
- DOT FMCSA NRCME Course Faculty
- Faculty & Fellow Committee
- Finance Committee
- Membership Committee

AOCOPM Divisional Preference (Choose only one)

- (AM) Aerospace Medicine, includes Hyperbaric Medicine
- (OM) Occupational Medicine, includes Disability Impairment
- (PH) Public Health/Preventive Medicine, includes Correctional Medicine

Primary Specialty

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Board Certification(s)

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Practice Focus Area(s)

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Aerospace Medicine <input type="checkbox"/> Academics <input type="checkbox"/> Corporate Medical Director <input type="checkbox"/> Correctional Medicine <input type="checkbox"/> Disability Impairment Evaluations <input type="checkbox"/> Family Medicine <input type="checkbox"/> Hyperbaric Medicine and/or Wound Care | <ul style="list-style-type: none"> <input type="checkbox"/> Military-Active Duty <input type="checkbox"/> Military-Reserve Components <input type="checkbox"/> Occupational and Environmental Medicine <input type="checkbox"/> Private Practice <input type="checkbox"/> Public Health and Preventive Medicine <input type="checkbox"/> Urgent Care |
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****Home fields and cell numbers will not be shared with the public or printed in the directory****

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