



# 2023 Dues Invoice

Name		Date	
Mailing Address		AOA# (or credentials)	
Email (receipts are sent here)		Phone	

Item	Membership Category	Amount Due
<b>2023 AOCOPM Membership Dues</b>	<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><b>Please consider an additional contribution of:</b></p> <p><input type="checkbox"/> \$500</p> <p><input type="checkbox"/> \$1000</p> <p><input type="checkbox"/> \$2500</p> <p><input type="checkbox"/> other amount _____</p>	<p>Indicate which of the following focus areas that you wish your contribution to support:</p> <p><input type="checkbox"/> General Operating Fund</p> <p><input type="checkbox"/> Membership Growth and Retention</p> <p><input type="checkbox"/> Continuing Education Program and Test-Bank Development</p> <p><input type="checkbox"/> Scholarship Fund for Osteopathic Medical Students</p> <p><input type="checkbox"/> Other</p>
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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  
14301 Oxford Dr, Edmond, OK 73013

**Fax:** 888-932-3535

**Email:** [ronda@aocopm.org](mailto:ronda@aocopm.org)

**Online:** [www.aocopm.org/join-or-renew](http://www.aocopm.org/join-or-renew)

**Questions?** Call (800) 558-8686

<b>Staff Use Only</b>
Received: _____
Database: _____
QuickBooks: _____



American Osteopathic College of Occupational and Preventive Medicine

# 2023 Database Update

Name	Credentials	AOA#

**\*\*Preferred Mailing Address**

Is this address your  Home or  Office?

<b>Email</b>	
<b>Office Phone</b>	
<b>**Fax</b>	
<b>**Home Phone</b>	
<b>**Mobile Phone</b>	

**Please share your time and talent by serving on AOCOPM committees:**

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

**Board Certification(s)**

**Practice Focus Area(s)**

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Aerospace Medicine</li> <li><input type="checkbox"/> Academics</li> <li><input type="checkbox"/> Corporate Medical Director</li> <li><input type="checkbox"/> Correctional Medicine</li> <li><input type="checkbox"/> Disability Impairment Evaluations</li> <li><input type="checkbox"/> Family Medicine</li> <li><input type="checkbox"/> Hyperbaric Medicine and/or Wound Care</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Military-Active Duty</li> <li><input type="checkbox"/> Military-Reserve Components</li> <li><input type="checkbox"/> Occupational and Environmental Medicine</li> <li><input type="checkbox"/> Private Practice</li> <li><input type="checkbox"/> Public Health and Preventive Medicine</li> <li><input type="checkbox"/> Urgent Care</li> <li><input type="checkbox"/> Other _____</li> </ul> |
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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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Edmond, OK 73013

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