



## American Osteopathic College of Occupational and Preventive Medicine

# 2026 Dues Invoice

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

Item	Membership Category	Amount Due
<b>2026 AOCOPM Membership Dues</b>	<input type="checkbox"/> Active Member \$300 <input type="checkbox"/> Military, Active Duty \$225 <input type="checkbox"/> Associate (any non-DO) \$225 <input type="checkbox"/> Emeritus/Retired Member \$100 <input type="checkbox"/> Resident \$100 <input type="checkbox"/> Student Gratis	\$ _____
<b>Please consider an additional contribution of:</b> <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	
<i>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.</i>		

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

**PAYMENT BY CREDIT CARD:**  VISA  MC  DISCOVER  AMEX

CARD # \_\_\_\_\_ EXP DATE (MM/YY) \_\_\_\_\_ / \_\_\_\_\_ SECURITY CODE \_\_\_\_\_

**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

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

**Fax:** 888-932-3535

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

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

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

