



American Osteopathic College of Occupational and Preventive Medicine

2026 Dues Invoice

Name

Mailing
Address

Email (receipts
are sent here)

Dues
Exp Date

AOA# (or
credentials)

Phone

Item	Membership Category	Amount Due
2026 AOCOPM Membership Dues	<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	\$ _____
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	
<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

Fax: 888-932-3535

Email: jeffrey@aocopm.org

Questions? Call (800) 558-8686

Email: ronda@aocopm.org

