AOAO
AMERICAN OSTEOPATHIC ACADEMY OF ORTHOPEDICS

MEMBERSHIP APPLICATION

2209 Dickens Road | Richmond, Virginia 23230-2005
800-741-2626 | 804-565-6370 | Fax: 804-282-0090
E-mail: greg@societyhq.com • www.aoao.org

First Name: _____ Last Name: _____ MI: _____

❒ Male ❒ Female Preferred Contact Address: ❒ Mailing ❒ Billing

Mailing Address: _____
City: _____
State/Country:_____Zip/Postal Code:_____
Phone:_____Fax:_____

Billing Address:_____
City: _____
State/Country:_____Zip/Postal Code:_____
Phone:_____Fax:_____

E-mail:_____ Address to be published in directory or web site? ❒ Mailing ❒ Billing ❒ Neither
Secondary E-mail: _____AOA #: _____

Note: The AOAO does not provide member phone/email information to outside vendors. Please supply your email address to expedite important AOAO communications in a more timely and cost effective method.

DOCTORAL AND POSTDOCTORAL TRAINING

Undergraduate Education: _____ Location: _____ Dates: _____
Advanced degrees?: _____
Osteopathic Medical School _____ Location: _____ End Date: _____
Residency Institution:_____ Location: _____ End Date: _____
Fellowship Institution: _____ Specialty: _____ End Date: _____
Are you board eligible? ❒ Yes ❒ No _____ Are you board certified? ❒ Yes ❒ No
Academic Affiliation(s): _____
Hospital Staff Positions Currently Held:_____
Primary Institution and Location: _____
Specialty:_____

If accepted for membership, I agree to abide by the Code of Ethics and the Constitution and Bylaws of AOAO. By Submission of this document, I authorize release of the information contained in herein and in membership files of those organizations and hospitals to which I may subsequently apply for membership, and the release to AOAO by organizations and hospitals of information relative to my previous membership in those organizations. I am a resident or a licensed physician in compliance with the state board of medical licensure and/or discipline's order.

Signature: _____ Date: _____

All applicants will be reviewed by AOAO, and applicants will receive prompt notice when approved.

❒ Active..... $350
❒ Associate..... $200
❒ Military..... $200
❒ Disable..... $100

Candidate Members must apply online at www.aoao.org.

***Please provide: Copy of state license and proof of board certification, if applicable.**

If you would like to add a section to your membership, check off all that apply.

❒ Adult Reconstruction Section..... $100
❒ Foot & Ankle Section..... $100
❒ Hand Section..... $50
❒ Pediatric Section..... $100
❒ Spine Section..... $100
❒ Sports Section..... $100
❒ Trauma Section..... $100
❒ Shoulder & Elbow Section..... $0

Payment Options (Please do not send cash for payment)

❒ Check or Money Order Enclosed (US Funds) Made Payable to: AOAO, 2209 Dickens Rd., Richmond, VA 23230-2005.

❒ AmEx ❒ Mastercard ❒ Visa ❒ Discover Card Number: _____

Printed Name on Card _____ Exp. Date _____

Billing Address _____ Zip Code _____

Signature _____ CVV Security Code* _____

**CVV code is the three digit number on the back of VISA or MC or 4 digit number on the front of AMEX card above the account number.*