



2025 Dues Invoice

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

Item	Membership Category	Amount Due
2025 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
		\$ _____

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
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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

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

Questions? Call (800) 558-8686

