

## **2024 Dues Invoice**

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

ltem	Membership Category	Amount Due	
2024 AOCOPM Membership Dues	Active Member\$300Emeritus/Retired Member\$100Military, Active Duty\$225Resident\$100Associate (MDs, PAs, NPs)\$225StudentGratis	\$	
Please consider an additional contribution of: \$500 \$1000 \$2500 other amount	Indicate which of the following focus areas that you wish your contribution to support: General Operating Fund Membership Growth and Retention Continuing Education Program and Test-Bank Development Scholarship Fund for Osteopathic Medical Students Other		
ordinary business exp	(3) educational organization. Membership dues are gene ense. Additional individual contributions that are freely giv anization are deductible as a charitable gift. Please consu	ven for the tax-exempt	
PAYMENT BY CHECK to A PAYMENT BY CREDIT C		ED \$ AMEX	
	EXP DATE (MM/YY)/ new on an annual basis using your above credit card		

NAME	ON CARD	
AUTHO	DRIZED SIGNATURE	
BILLIN	G ADDRESS	
BILLIN	G CITY, STATE, ZIP	
Mail:	Jeffrey LeBoeuf, AOCOPM MEMBERSHIP 14301 Oxford Dr, Edmond, OK 73013	Renew Online:www.aocopm.org/join-or-renew
Fax:	888-932-3535	





Questions? Call (800) 558-8686