acofp | AMERICAN COLLEGE OF OSTEOPATHIC FAMILY PHYSICIANS

Physician Membership Application

www.acofp.org

PERSONAL INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Degree (MD/DO/MPH/PhD): _____ Previous Last Name (if different): _____

AOA ID: _____ Date of Birth: _____ ☐ Male ☐ Female

CONTACT INFORMATION

Email Address: _____

Mail Preference: ☐ Home ☐ Office Phone Preference: ☐ Home ☐ Office ☐ Cell

Office Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

DEMOGRAPHIC INFORMATION

Practice Location:

- ☐ Rural
- ☐ Urban
- ☐ Suburban
- ☐ University
- ☐ Military

Practice Type:

- ☐ Full-time practice
- ☐ Part-time practice
- ☐ Full-time academic
- ☐ Retired, Discontinued
- ☐ Other

On approximately what percentage of your patients do you use OMT?

- ☐ 0 - 25%
- ☐ 26 - 50%
- ☐ 51 - 75%
- ☐ 76 - 100%

EDUCATION INFORMATION

College of Osteopathic Medicine: _____ Graduation Year: _____

Residency Program Number: _____ Residency Program: _____

Start Date: _____ End Date: _____

Have you ever been denied membership in a County/District of State Osteopathic Society; had your license suspended or revoked; or have you been convicted of a felony or violation of any state or federal narcotics act? ☐ Yes ☐ No

In signing this form, I certify that the information provided is correct and complete, and do hereby agree to abide by the Constitution and Bylaws of the American College of Osteopathic Family Physicians. I agree to accept the Board of Governors of ACOFP as the sole and only judge of my qualifications to be and remain a member. I understand that any money submitted will be refunded if my application is not approved.

Signature: _____ Date: _____

Physician Membership Application

CONTINUED

MEMBERSHIP CATEGORIES

- ☐ Physician Member • $375
  (more than one year of practice)
- ☐ First Year Physician Member • $150
  (first year in practice)
- ☐ Military/Federal Health Member • $60
  (active duty, uniformed military and non-uniformed federal health members)
- ☐ Retired Members • $60
  (discontinued practice)
- ☐ Associate Member • $150
  (osteopathic and allopathic physician whose professional activities involve cooperation with family physicians through their specialty; or who contribute to some phase of the special field of family medicine such as teachers and research workers in the scientific fields; or others interested in supporting the organization)

STATE SOCIETY DUES

The state societies below participate in the National Joint Dues Billing Program.

- ☐ Arizona • $100
- ☐ California • $100
- ☐ Colorado • $100
- ☐ Florida • $150
- ☐ Georgia • $150
- ☐ Illinois • $100
- ☐ Indiana • $25
- ☐ Kansas • $60
- ☐ Mississippi • $75
- ☐ Missouri • $125
- ☐ Nevada • $50
- ☐ New Jersey • $100
- ☐ New York • $125
- ☐ North Carolina • $150
- ☐ Oklahoma • $75
- ☐ Texas • $125
- ☐ West Virginia • $50

ADDITIONAL CONTRIBUTIONS

$ 25 ☐ Auxiliary to the ACOFP

The AACOFP supports the ACOFP, osteopathic students with family medicine interests, and family medicine residents by raising funds for various programs.

$ 25 ☐ Education & Research Foundation

Donations to the ACOFP Foundation support research and programs that advance knowledge and leadership, including the Future Leaders Conference and the Scientific Poster Presentations. The Foundation awards grants and scholarships for educational and scientific purposes.

PAYMENT INFORMATION

Total Amount Enclosed: $ _____

☐ Check (*payable to American College of Osteopathic Family Physicians*)

☐ AMEX ☐ Discover ☐ Visa ☐ MasterCard

Credit Card Number: _____

Expiration Date: _____ CSC Number: _____

Card Holder's Name: _____

Card Holder's Signature: _____

PLEASE SUBMIT COMPLETED APPLICATION & PAYMENT TO:

American College of Osteopathic Family Physicians
330 E. Algonquin Road, Suite 1
Arlington Heights, IL 60005
Phone: 800.323.0794
Fax: 847.228.9755
Email: membership@acofp.org
www.acofp.org

PLEASE NOTE: Membership dues are not tax deductible as charitable contributions, but may be deductible as ordinary and necessary business expenses subject to restrictions imposed as a result of association lobbying activities. ACOFP reports the non-deductible portion of your dues to be 8.1%. Membership dues are non-refundable.