



AMERICAN OSTEOPATHIC COLLEGE OF DERMATOLOGY
P.O. Box 7525, Kirksville, MO 63501
Ph: 800-449-2623 Fax: 660-627-2623

STUDENT MEMBERSHIP APPLICATION

(Please type or print legibly)

****Include a current passport-size portrait photograph and current CV with application****

Date: _____ Student _____ Intern _____

Name: _____
Last First Middle

AOA # _____ Social Security # _____ Birth Date: _____

Home Mailing Address: _____
Street/P.O. Box City State Zip code

Home/Mobile Phone: _____ E-Mail: _____

Pre-Medical Education: _____
School Degree Date

Medical Education: _____
School Degree Date

Internship: _____
Hospital City, State Dates

MEMBERSHIPS/AFFILIATIONS (Please attach a current curriculum vitae containing all information.)

American Osteopathic Association: _____
Dates

State Dermatology Association: _____
Give State(s) and Dates

Other Dermatology Affiliations (Give Organization Name(s) and Dates): _____

Other Civic, Professional and Social Affiliations: _____

If elected to membership, I shall abide by all the rules, regulations, Constitution and Bylaws of the American Osteopathic College of Dermatology. I shall pay all dues in a timely manner and conduct myself in an ethical way. I will also do my best to promote the welfare of the American Osteopathic College of Dermatology.

Signed: _____

****Membership dues plus a head/shoulder photo and current CV must accompany this form. Please include a copy of all training and certification documents. If not elected to membership, all fees and photos will be returned to applicant.**

ANNUAL DUES: Payable for calendar year: January 1 – December 31 Student/Intern: \$50

Please return completed application with check made payable to the American Osteopathic College of Dermatology or provide the requested credit card information.

Visa Master Card American Express

Credit Card #: _____

Expiration Date: _____ CV Code: _____ Billing Zip Code: _____

Name appearing on card: _____ (please print)

Authorized Signature: _____

RETURN APPLICATION AND PAYMENT TO:
AMERICAN OSTEOPATHIC COLLEGE OF DERMATOLOGY
P.O. BOX 7525
KIRKSVILLE, MO 63501

FAXED APPLICATIONS WILL NOT BE ACCEPTED!

Applications will be reviewed by the Membership Committee prior to presentation to the Executive Committee.

Action taken: _____ Date: _____

AOCD Membership Committee Chair

AOCD Secretary/Treasurer