

AMERICAN OSTEOPATHIC COLLEGE OF DERMATOLOGY

P.O. Box 7525, Kirksville, MO 63501

800-449-2623

660-627-2623 (fax)

RESIDENT MEMBERSHIP RENEWAL

(Please type or print)

Name _____
Last First Middle

AOA # _____ Social Security # _____ Date of Birth _____

Office #1 Address _____
Street/P.O. Box City State Zip code

Office #1 Telephone _____ Office #1 Fax _____

E-Mail Address _____

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

Home Telephone _____ Spouse _____
(CONFIDENTIAL)

ANNUAL DUES: Payable for calendar year: January 1 – December 31

Resident: \$ 75 \$ _____

You may renew online at www.aocd.org. Please return completed renewal with check made payable to the American Osteopathic College of Dermatology or provide the requested credit card information. **We accept Master Card, Visa and American Express only.**

Credit Card # _____/_____/_____/_____ Expiration Date _____ CV # _____

Authorized Signature _____ Name on card _____

ADDITIONAL CONTRIBUTIONS

AOCD is a not-for-profit organization, contributions are tax deductible.

AOCD Educational Research Fund \$ _____

RETURN FORM AND PAYMENT TO:

American Osteopathic College of Dermatology
P.O. Box 7525
Kirksville, MO 63501-7525

Or Fax

660-627-2623