



# American Osteopathic College of Dermatology

AMERICAN OSTEOPATHIC COLLEGE OF DERMATOLOGY  
P.O. Box 7525, Kirksville, MO 63501  
800-449-2623 --- 660-627-2623 (fax)

## MEMBERSHIP RENEWAL NOTICE (Please type or print)

### SECTION I

Name \_\_\_\_\_  
Last First Middle

\_\_\_\_\_ My Information has not changed from 2010 (**Proceed to SECTION II**)

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 \_\_\_\_\_  
(CONFIDENTIAL)

### SECTION II:

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

Fellow:	\$425	\$ _____
Associate:	\$425	\$ _____
Affiliate:	\$425	\$ _____
Resident:	\$ 75	\$ _____
Student	\$ 25	\$ _____

(OVER)



**SECTION III:**

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

AOCD Educational Research Fund \$ \_\_\_\_\_

Koprince Award \$ \_\_\_\_\_

AAD Camp Discovery \$ \_\_\_\_\_

Foundation for Osteopathic Dermatology \$ \_\_\_\_\_

You may renew online at [www.aocd.org](http://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.

**SECTION IV:**

Credit Card \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name appearing on card \_\_\_\_\_  
(please print)

Authorized Signature \_\_\_\_\_