

Membership Application



Please fill out the following form and return with your check to:
AOAAM - P.O. Box 3278 - Oak Brook - IL - 60522 or pay online at www.aoaam.org

Full Name: _____

Company: _____

Professional Address: _____

City: _____ **State:** _____ **Zip:** _____

Business Phone: _____ **Fax:** _____

Email: _____ **URL:** _____

I want my contact information visible on the AOAAM member directory (circle yes or no): YES - NO

Please answer the following:

AOA #: _____

Type of Practice (eg. FP, EM, OMT, etc): _____

Do you have a CAQ in Addiction Medicine? ___Yes___No Through Which Specialty College? _____

Are you Board Certified? ___Yes___No Which Board? _____

State License Number: _____

I would be interested in volunteering on a committee? ___Yes___No

Annual Membership Dues:

Active: \$200 (3 year ~ \$500) - Osteopathic physicians of high moral and professional character with an active interest in addiction medicine.

Associate: \$200 (3 year ~ \$500) - Individuals interested in, practicing, researching, or teaching addiction medicine who are not osteopathic physicians.

PA/Nurse: \$100 (3 year ~ \$250) - Physician Assistants and Nurses interested in addiction medicine.

Fellow: \$50 - Medical students who are currently working on research fellowships funded by various sources.

Resident: \$50 - Individual who are enrolled in an approved GME accredited residency program.

Intern: \$25 - Individual members who are enrolled in an approved GME accredited internship.

Student: \$0 - Individual members who are enrolled in an AOA approved college of osteopathic medicine.

By submission of this document, I agree to abide by the Code of Ethics and the Constitutions and Bylaws of AOAAM. By submission of this document I authorize release of the information contained in herein and in membership files of those organizations and hospitals to which I may subsequently apply for membership; and the release to AOAAM by organizations and hospitals of information relative to my previous membership in those organizations. I am a resident or a licensed physician in compliance with the state board of medical licensure and/or discipline's order.

PLEASE NOTE: When paying dues, make check payable to AOAAM. Dues and all correspondence should be directed to:
AOAAM, P.O. Box 3278, Oak Brook, IL 60522.