



American Osteopathic College of Pathologists, Inc.

2902 N. Baltimore St. Kirksville, MO 63501

Telephone: 660-665-6601 Fax: 660-627-2623

Email: mwise@aocd.org

2020 MEMBERSHIP RENEWAL

(Please type or print)

AOA # _____ Date: _____ E-Mail Address: _____

Name: _____
First Middle Last

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

Primary Office Telephone: _____ Primary Office Fax: _____

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

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Retired \$100.00 Post Graduate \$10.00 Student \$0.00 Life \$0.00

Please return completed renewal with check or credit card information made payable to the American Osteopathic College of Pathologists, Inc. or provide the requested credit card information.

Visa Master Card

Credit Card #: _____

Expiration Date: _____ CVV: _____

Name appearing on card: _____ (please print)

By checking this box, I authorize American Osteopathic College of Pathologists, Inc. to charge my credit/debit card in the amount selected above.

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RETURN APPLICATION AND PAYMENT TO:

AMERICAN OSTEOPATHIC COLLEGE OF PATHOLOGISTS, INC.

2902 N. Baltimore St.

KIRKSVILLE, MO 63501

Or