



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

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Primary Office Telephone: _____ Primary Office Fax: _____

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

Active \$300.00 First Year in Practice \$150.00 Associate \$100.00 Affiliate \$50.00

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.

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Credit Card #: _____

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RETURN APPLICATION AND PAYMENT TO:
AMERICAN OSTEOPATHIC COLLEGE OF PATHOLOGISTS, INC.
2902 N. Baltimore St.
KIRKSVILLE, MO 63501