



**2010-2011 Dues Statement  
ASSOCIATION OF MILITARY  
OSTEOPATHIC PHYSICIANS AND SURGEONS**

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**Mailing Address**

...Note: Please keep us informed of any address changes **as soon as possible**. All information will be kept confidential and only be used by this office.

Rank \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Service Branch \_\_\_\_\_ AOA # \_\_\_\_\_

Osteopathic College & Graduation Year \_\_\_\_\_

Please let us have your preferred e-mail address and please let us know of any changes in your e-mail address as soon as possible. Most of our future communication with the membership will be via e-mail to better serve you and save on postage costs.

E-Mail \_\_\_\_\_

**MEMBERSHIP CATEGORY**

Are you:

Please check one in first column and one in second column.

Active	\$150		Full-time active duty?
Associate	\$70		Reserve?
Intern	\$20		Guard?
Resident	\$20		Federally employed?
			Retired?
			Separated?

Amount enclosed \$ \_\_\_\_\_

Or

Visa     MasterCard

Account Number \_\_\_\_\_

Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/yyyy)

Name on account \_\_\_\_\_

Phone # \_\_\_\_\_

Signature \_\_\_\_\_

Amount Charged \$ \_\_\_\_\_

Please mail this form and your check to: AMOPS, 1796 Severn Hills Lane, Severn, MD 21144-1061  
If charging, you may fax completed form to: 410-519-7657 Submit to AMOPS by clicking