



**2011-2015 Student 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

Student Membership is \$60 for a four year membership. Please send a check made out to SAMOPS to the above AMOPS address.

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