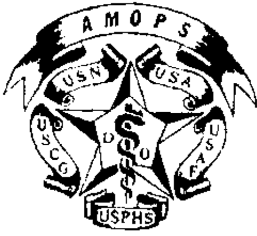

2013 Annual Membership Application
ASSOCIATION OF MILITARY OSTEOPATHIC PHYSICIANS AND SURGEONS

PO Box 4
Phillipsburg, NJ 08865
(908) 387-1750
www.amops.org   wilson@amops.org

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 (Actual or Anticipated)______________________

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?**	❑
Post Graduate/Resident	**$20** ❑	**Guard?**	❑
Student – 4 Year Membership	**$60** ❑	**Federally employed?**	❑
Student – 1 Year Membership	**$20** ❑	**Retired?**	❑
		Separated?	❑

Amount enclosed $______________

Or

❑ **Visa** ❑ **MasterCard** ❑ **Discover** ❑ **American Express**

Account Number ____

Exp. Date ______________ **CVV (Number on back)** __________ **Billing Zip Code** ______________

Name on account ____

Phone # ____

Signature ____

Amount Charged $____

Please mail this form and your check to: AMOPS, PO Box 4, Phillipsburg, NJ 08865
If charging, you may fax competed form to: 866-925-8568 or email to Wilson@amops.org
If you have any questions, please call 908-387-1750