



AMERICAN OSTEOPATHIC COLLEGE OF DERMATOLOGY
P.O. Box 10, Dalton, OH 44618
Ph: 330.465.8281

RESIDENT MEMBERSHIP APPLICATION

(Please type or print legibly)

****Include a current passport-size portrait photograph and current CV with application****

Full Name (First, MI, Last): _____

☐ Student ☐ Intern AOA # _____ E-Mail: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number (Confidential): _____ Type: ☐ Mobile ☐ Home

UNDERGRADUATE EDUCATION

School: _____

Degree: _____ Dates: _____

MEDICAL EDUCATION

School: _____

Degree: _____ Dates: _____

INTERNSHIP

Hospital: _____

Location (City, State): _____ Dates: _____

RESIDENCY PROGRAM:

Institution Name: _____

Location (City, State): _____ Dates: _____

MEMBERSHIPS/AFFILIATIONS (Please attach a current curriculum vitae containing all information.)

American Osteopathic Association: _____
Dates

State Dermatology Association(s): _____
Please Provide State(s) and Dates

Other Dermatology Affiliations (Give Organization Name(s) and Dates): _____

Other Civic, Professional and Social Affiliations: _____

****Membership dues, curriculum vitae and a head/shoulder photo must accompany this form.**

If elected to membership, I shall abide by all the rules, regulations, Constitution and Bylaws of the American Osteopathic College of Dermatology. I shall pay all dues in a timely manner and conduct myself in an ethical way. I will also do my best to promote the welfare of the American Osteopathic College of Dermatology.

Signature: _____ Date: _____

ANNUAL DUES: Student/Intern -- **\$200.00**

Payable for calendar year: January 1 – December 31

Please return completed application with check made payable to the American Osteopathic College of Dermatology or provide the requested credit card information.

Visa

☐

MasterCard

☐

Discover

☐

Credit Card # _____ Expiration Date: ____ CVN (Number on back): ____

Name as it appears on card: _____

Billing Address: _____

Billing City: _____ Billing State: _____ Billing Zip: _____

Authorized Signature: _____

RETURN APPLICATION AND PAYMENT TO:
American Osteopathic College of Dermatology
P.O. Box 10
Dalton, OH 44618