

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

STUDENT 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:				
<u>UNDERGRADUATE EDUCATION</u>					
School:					
Degree:	Dates:				
MEDICAL EDUCATION					
School:					
Degree:	Dates:				
<u>INTERNSHIP</u>					
Hospital:					
Location (City, State):	Dates:				
MEMBERSHIPS/AFFILIATIONS (Please attach a current curriculum	n vitae containing all information.)				
American Osteopathic Association:					
State Dermatology Association(s):	use Provide State(s) and Dates				
Other Dermatology Affiliations (Give Organization Name(s) and Dates):					

Other Civic, Professional and So	ocial 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: Stude Please return complet provide the requested	ed application with	check made payable	•	year: January 1 – December 31 opathic College of Dermatology	or
Cradit Card #	Visa			tion Date: CVN (Number on b	an alch
Name as it appears on card:					
Billing Address:					
Billing City:		Billing State	e:	Billing Zip:	
Authorized Signature:					

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