555 Waterview Lane, Ridgway, CO 81432
Phone (888) 687-1920 (970) 626 4441
E-mail: aaom@aaomed.org
Website: www.aaomed.org

AAOM MEMBERSHIP APPLICATION

Membership Information:

Full Name _____
Degree(s) _____
Address _____
City/State/Zip or Postal Code) _____
Country_____
Telephone _____
Email _____
Website _____

Medical Specialty:

Medical Specialty(s) _____
Sub-Specialties _____

Professional Degrees/Training and Schools where obtained:

Undergraduate _____
Graduate _____
Medical School _____
Internship _____
Residency _____
Other _____

Treatments or Therapies Provided:

The information from in this section will be used as part of your membership record.
Please indicate the therapies/treatments that you provide: (*Circle by the letter listed below*)

A. Acupuncture,
B. Corticosteroid Injections,
C. Cranial Osteopathic Treatment,
D. Epidural Injections,
E. Fat/Bone Marrow (BMAC) Stem Cell Injections,
F. Fluoroscopic Guided Procedures,
G. Manual Medicine / Osteopathic Manipulative Medicine,
H. Mesotherapy
I. Musculoskeletal Ultrasound, Diagnostic Ultrasound,
J. Neural Therapy,
K. Neurofascial Injections,
L. Nutrition and Hormonal Therapies,
M. Platelet Rich Plasma (PRP) Injections,

N. Prolotherapy Injections,
O. SI Joint Injections,
P. Therapeutic Exercise Prescription
Q. Ultrasound Guided Procedures.

Documentation
State Licensure is required for membership. Please send a copy of your license and curriculum vitae. A letter from your director must accompany membership applications for those still in training.

Membership Fees

Active Membership includes MD, DO, DPM, DDS	$350.00
Allied includes ND, DC, PA, NP, PT, RN, PhD, other	$325.00
Intern or Resident	$ 40.00
Student	$ 15.00

Payment Information

Payment Method: ___ Check or Money Order___ Visa ___ MasterCard___ Am Express

Credit Card Number _____
Expiration Date _____Security Code
_____
Billing Zip Code _____
Name on Credit Card _____