

# PHYSICIAN MEMBERSHIP APPLICATION

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AMERICAN COLLEGE  
OF OSTEOPATHIC  
FAMILY PHYSICIANS

## ◆ PERSONAL INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Designations: \_\_\_\_\_ Previous Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Female  Gender variant / Non-conforming  Male  Not listed

Prefer not to answer  Transgender female  Transgender male

## ◆ CONTACT INFORMATION

Email Address: \_\_\_\_\_

Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mail Preference:  Office  Home Phone Preference:  Office  Home  Cell

## ◆ DEMOGRAPHIC INFORMATION

Practice Location:

Rural

Urban

Suburban

University

Military

Practice Type:

Full-time practice

Part-time practice

Full-time academic

Retired, discontinued

Other

On approximately what percentage of your patients do you use OMT?

0 - 25%

26 - 50%

51 - 75%

76 - 100%

## ◆ EDUCATION INFORMATION

College of Medicine: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Residency Program: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Have you ever been denied membership in a county/district or state medical society; had your license suspended or revoked; or have you been convicted of a felony or violation of any state or federal narcotics act?  Yes  No

In signing this form, I certify that the information provided is correct and complete, and do hereby agree to abide by the Constitution and Bylaws of the American College of Osteopathic Family Physicians. I agree to accept the Board of Governors of ACOFP as the sole and only judge of my qualifications to be and remain a member. I understand that any money submitted will be refunded if my application is not approved.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## ◆ MEMBERSHIP CATEGORIES

- Physician Member • \$375  
(more than one year of practice)
- First-Year-in-Practice Physician Member • \$150
- Military/Federal Health Member • \$60  
(active duty, uniformed military and non-uniformed federal health members)
- Retired Member • \$60

## ◆ ADDITIONAL CONTRIBUTIONS

- \$ 25 | **Auxiliary to the ACOFP**  
The Auxiliary supports ACOFP, osteopathic students with family medicine interests and family medicine residents by raising funds for various programs.
- \$ 25 | **ACOFP Education & Research Foundation**  
The ACOFP Foundation provides financial support through its grants and scholarship programs, recognition through its awards programs and leadership development through the Future Leaders Conference.

## ◆ PAYMENT INFORMATION

**Total Amount Enclosed: \$** \_\_\_\_\_

AMEX    Discover    Visa    MasterCard

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Holder's Name: \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_

Check payable to American College of Osteopathic Family Physicians

## PLEASE SUBMIT COMPLETED APPLICATION & PAYMENT TO:

### American College of Osteopathic Family Physicians

330 E. Algonquin Road, Suite 1

Arlington Heights, IL 60005

Phone: 847.952.5100

Fax: 847.228.9755

Email: [membership@acofp.org](mailto:membership@acofp.org)

[www.acofp.org](http://www.acofp.org)

PLEASE NOTE: Membership dues are not tax-deductible as charitable contributions, but may be deductible as ordinary and necessary business expenses subject to restrictions imposed as a result of association lobbying activities. ACOFP reports the non-deductible portion of your dues to be 8.1%. Membership dues are non-refundable