



AMERICAN COLLEGE OF OSTEOPATHIC PEDIATRICIANS STUDENT MEMBERSHIP APPLICATION

Please mail or fax to:

2209 Dickens Road, Richmond, VA 23230-2005

Phone (804) 565-6333 • Fax (804) 282-0090 • Email: jenny@societyhq.com • www.ACOPeds.org

Name	(Last)	(First)	(MI)	<input type="checkbox"/> Male	<input type="checkbox"/> Female
School					Graduation Date:
Mailing Address					
City			State	ZIP Code	Country
Phone ()	Email Address			Secondary Email Address	

Please indicate if you would like your address published in directory and website. Yes No

1. The ACOP does not provide member phone/email information to outside vendors. Please supply your email address to expedite important ACOP communications in a more timely and cost effective method.
2. All applications are reviewed by the ACOP Membership Committee and Board of Trustees. Please allow 3-4 weeks for the approval process and to receive confirmation in writing. Please note: Failure to provide a completed membership application (including information below) may result in denial of membership in the ACOP.

Undergraduate (Bachelor's) Education: Institution	Institution Location	Beginning - End Date
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Undergraduate (Graduate) Education: Institution	Institution Location	Beginning - End Date
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ACOP Student Club Faculty Liaison	Phone
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ACOP Student Club President	Email
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Are you an AOA Member? <input type="checkbox"/> Yes <input type="checkbox"/> No (Not required for ACOP Membership)	Membership #
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Are you an AAP Member? <input type="checkbox"/> Yes <input type="checkbox"/> No (Not required for ACOP Membership)	Membership #
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Professional Society Memberships (Specify if you are an officer)

If accepted for membership, I agree to abide by the Code of Ethics and the Constitution and Bylaws of the ACOP Student Chapter. By Submission of this document, I authorize release of the information contained in herein and in membership files of those organizations and hospitals to which I may subsequently apply for membership; and the release to ACOP by organizations and hospitals of information relative to my previous membership in those organizations.

Signature _____ Date _____

Membership:

All applications will be reviewed by the ACOP Membership Committee, and applicants will receive prompt notice when approved. The application process takes approximately two months. **Please do not send cash for payment.**

ACOP Student Club Member \$30 (one time fee, full \$30 to ACOP)

Check — If paying by check, make payable to ACOP VISA MasterCard AmEx Discover

Card No. _____ Exp. Date _____ CVW Security Code* _____

Signature _____ Name Printed on Card _____

*CVW code is the three digit number on the back of VISA or MC or 4 digit number on the front of AMEX card above the account number.