



AMERICAN COLLEGE OF OSTEOPATHIC OBSTETRICIANS AND GYNECOLOGISTS

Military and Public Health Dues Reduction Waiver

***VERIFICATION OF MILITARY/PUBLIC HEALTH STATUS IS REQUIRED ANNUALLY AT THE TIME OF DUES PAYMENT.**

► Please type or print legibly

Name _____ AOA Number _____

Home Address _____

City _____ State _____ Zip Code _____

E-mail address _____ (Please check one) Male Female

Home Number (_____) _____ Fax Number (_____) _____

Pager Number (_____) _____ Other Number (_____) _____

MEMBER STATUS: REGULAR MEMBER SENIOR MEMBER (25% off annual membership dues)

CIRCLE WAIVER CATEGORY (MILITARY/PUBLIC HEALTH/VA) SINCE: _____

DO YOU EXPECT TO RETURN TO PRIVATE PRACTICE? _____

IF YES, WHEN DO YOU ANTICIPATE RETURN? _____

ARE YOU ENGAGED IN OTHER TYPE OF PROFESSIONAL EMPLOYMENT? YES NO

IF YES, EXPLAIN: _____

Submit the following forms with the military/public health waiver request:

- 1) Copy of Military Orders OR Letter from Department Chair or Institutional Officer
- 2) Please provide a more detailed description regarding your situation if you feel it is relevant to the committee's decision.

All such information is considered confidential and is only reviewed by the committee and select staff responsible for the preparation of such documents.

Please mail, fax, or email to:
American College of Osteopathic Obstetricians and Gynecologists
PO Box 17598, Fort Worth, Texas 76102
Phone (817) 377-0421 Fax (817) 377-0439 Email: membership@acoog.org