

AOGME Membership Application

Please complete this form and send to: aogme@aacom.org. Once your application has been reviewed a representative will contact you.

(IF NOT FILLING IN ELECTRONICALLY, PLEASE BE SURE TO PRINT LEGIBLY)

Name: _____ **Title:** DO MD Other
Contact Preference: Office Home

OFFICE

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Phone: _____ Fax: _____ E-mail: _____

HOME

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Phone: _____ Fax: _____ Email: _____

Please mark which address you would like in a published directory and website. Office Home

EDUCATION	Name of Institution/Program	City & State	Degree	Graduation Date
Undergraduate				
Graduate				
Post-Doctoral				
Internship				
Residency				
Fellowship				
Other				

BOARD CERTIFICATION	Granting Board	AOA or ABMS	Date Granted	Valid Through

Institutional Affiliation: _____ OPTI Affiliation: _____

Title/Position _____ Is your position Full-time Part-time?

Please select your membership category:

Active Membership
Active Members are individuals who hold titles that indicate leadership and/or active involvement in medical education/administration in graduate medical education(GME) programs. An active member shall enjoy all rights and privileges of the Assembly including the right to vote, serve on committees, and hold elective office.
Annual Membership Fee: \$300

Associate Membership
Associate Members are individuals who may be residents or fellows in graduate medical education programs, staff who support GME programs, or individuals who serve in graduate medical education activities and support and promote GME, but are not otherwise qualified for Active Membership. Associate members may serve on committees and councils. Associate members are ineligible to hold an assembly office and have no voting privileges.
Annual Membership Fee: \$100