



**ASSOCIATION OF OSTEOPATHIC
DIRECTORS AND MEDICAL EDUCATORS**

142 E. Ontario Street
Chicago, IL 60611
Phone: 312-202-8211
Fax: 312-202-8224
www.aodme.org

Membership Application

(PLEASE PRINT LEGIBLY)

Name: _____ **AOA #:** _____ **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: () _____ E-mail: _____

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 ACGME	Date Granted	Valid Through

Institutional Affiliation: _____ OPTI Affiliation: _____

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

If you are a DME, is this a new program? Yes No If no, who was the prior DME? _____

(Continued on next page.)

ACTIVE MEMBERSHIP IN THE AODME CONSISTS OF:

1) Osteopathic and allopathic physicians who are Medical Directors, Directors of Medical Education, and Medical Educators who hold titles which indicate leadership in medical education or administration in an osteopathic pre- or post-doctoral medical education program; or those who are 2) Non-physician Medical Educators with titles which indicate leadership in medical education or administration in American Osteopathic Association-accredited institutions (e.g., Administrative Director of Medical Education, Associate Director of Medical Education, etc.) or colleges of osteopathic medicine. An active member shall enjoy all rights and privileges of the AODME including the right to vote and the right to hold elective office, and are required to attend at least one annual meeting every other year.

VOTING CATEGORY: (Please one of the following voting categories to indicate the primary duty for which you spend the majority of your office time.)

- College:** Dean Academic Faculty Other – _____
OPTI: Executive Director Academic Officer Administrative Officer Other – _____
Hospital: DME ADME Administrative Staff Clinical Faculty Other – _____
Specialty College: Program Director Associate Program Director Clinical Faculty Other – _____

Your application must include copy of your CV and a letter from your employer verifying your current responsibilities and indicating your degree of active involvement in Medical Education.

Signature: _____ Date: _____

ASSOCIATE MEMBERSHIP IN THE AODME CONSISTS OF:

Associate membership may be granted to the staff members that support the activities of medical directors, directors of medical education, medical educators (i.e. those with a title that indicates leadership in medical education/administration in an osteopathic pre-or post-doctoral medical education program), or individuals who have an interest in osteopathic medical education and support and promote medical education. Associate members will pay annual dues and may attend annual educational meetings of the association. Associate members are ineligible to hold an association office and have no voting privileges.

Signature: _____ Date: _____

METHOD OF PAYMENT

- AODME Active Membership \$300 AODME Associate Membership \$100

Please charge my: VISA MasterCard

Name on Card: _____ Card Number: _____

Signature: _____ Expiration Date: _____

- Enclosed is my check (Please make check payable to AODME – Tax ID#23-7109544)

Please mail or fax to: AODME, 142 E. Ontario Street, Chicago, IL 60611
Fax: 312-202-8224 • Phone: 312-202-8211 • www.aodme.org