



# AMERICAN OSTEOPATHIC ACADEMY OF SPORTS MEDICINE

## Membership Application—January 1 through December 31, 2022

Full Name: \_\_\_\_\_ Suffix: \_\_\_\_\_ Birth Date (optional): \_\_\_\_\_ Gender (optional): \_\_\_\_\_

Institution: \_\_\_\_\_

Street Address or PO Box #: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mailing Address:  Work  Home

Email: \_\_\_\_\_ AOA #: \_\_\_\_\_ BOC #: \_\_\_\_\_

Membership Directory (required)  
 Yes, please include my information in the online directory.  
 No, I waive my directory listing benefit.

I am a team physician for the following sports teams:  
(check all that apply)

- Youth Sports
- High School
- College
- Professional
- Special Olympics
- USA Team
- Olympic Coverage

Please list the teams you cover: \_\_\_\_\_

What percentage of your practice is related to sports medicine?

- 1%-25%     26%-50%     51%-75%     75%-100%

Do you practice in a sports medicine clinic:  Part Time     Full Time

Years of Practice in Sports Medicine: \_\_\_\_\_

Name of Medical School: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

Residency Completed At: \_\_\_\_\_

Date of Completion: \_\_\_\_\_

Primary Board Certification: \_\_\_\_\_

- DO     MD

Sports Medicine Fellowship Site: \_\_\_\_\_

Date of Completion: \_\_\_\_\_

Do You Have a CAQ in Sports Medicine?

- Yes     No

I did not complete a sports medicine fellowship

All membership categories receive an online subscription to the journal.

### Membership Categories:

Physician  \$320

Early Career  \$220

*This rate is available to members within one year of their fellowship graduation date.*

International  \$200

*Qualified members must reside and practice outside of the United States.*

Associate Member  \$295

*PhD, PA, ATC, PT*

Fellow  \$200

*Currently participating in a Sports Medicine Fellowship.*

Resident/Intern  \$200

*Provide proof of residency/internship.*

Lifetime  \$100

*Qualified members must be pre-approved by the Board.*

### Student

*Please check years left until graduation.*

- 1 year (\$0)     2 years (\$0)     3 years (\$0)     4 years (\$0)

I would like to add a print subscription of the journal for \$50/year.

### Payment Total:

Check payable to AOASM, US funds only, drawn on a US bank

Visa/MasterCard/American Express

Name of Cardholder: \_\_\_\_\_

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

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

Signature of Cardholder: \_\_\_\_\_

Please send completed form, payment, & proof of residency/internship or student status (if applicable) to:

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