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: kim@ACOPeds.org • www.ACOPeds.org

Name (Last) (First) (MI) ❒ Male ❒ 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:
Undergraduate (Graduate) Education: Institution	Institution Location:	Beginning - End Date:

ACOP Student Club Faculty Liaison: Phone:

ACOP Student Club President: Email:

Are you an AOA Member? ❒ Yes ❒ No (Not required for ACOP Membership) Membership #

Are you an AAP Member? ❒ Yes ❒ No (Not required for ACOP Membership) Membership #

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)

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

Card No. ______________________________Exp. Date____________________

Signature______________________________Name Printed on Card____________________