

**Illinois Osteopathic Medical Society
2024-2025 Application / Renewal Statement**



Check One: New Application Renewal
Membership is Active through December 31, 2025

PLEASE PRINT

First Name: _____ Last Name: _____ Degree: _____

Preferred Address is for your Home or Work

Address: _____

Suite or Apt #: _____ City: _____ State: _____ Zip: _____

County: _____

Practice type: Private Practice Postdoc Training Employed Retired Academic

Other – please specify: _____

Specialty: _____ Check here if Board Certified

Preferred Email Address: _____

Preferred Phone number: _____ Check One: Work Home Cell

DUES RATE (check one)

Physician Member – Active \$435

Retired DO \$44

Physician Member – New Members in Practice \$145

Associate Member \$55

(Within first three years of practice after Residency (non-voting; non-DO or from outside Illinois)

Physician Member – Postgraduate / Resident \$ 25

Osteopathic Medical Student \$ 0

PAYMENT METHOD (check one): Check Check Number:

Credit Card: Visa MC American Express Discover

Card Number: _____ Expiration: ____ / ____ CVV: ____

Billing Zip Code: _____ Signature: _____

Would you like to be contacted about serving on an IOMS Committee?

Membership CME/Education

By joining IOMS, you grant permission for us to contact you via mail, email, fax or telephone with announcements of programs, events, and other information of importance to our members. Occasionally, IOMS may provide mailing information to third parties for announcements on programs, products, or services we feel may be of interest to our members. You may opt out by contacting us at ioms@ioms.org. Annual membership dues may be deductible as a business expense but are not tax deductible; consult your tax advisor for full details. IOMS does not allocate any portion (\$0) of membership dues toward lobbying expenses for the 2024-2025 membership year.

Please return this form with payment to:

Illinois Osteopathic Medical Society

4044 N. Lincoln Ave. #362

Chicago, IL 60618

ioms@ioms.org