

Advocates for the Ohio Osteopathic Association

Membership Application

Welcome to the Advocates!

Dues

- Regular AOOA Members. \$20.00 state
- \$5.00 district
- Spouse of deceased/retired members \$5.00

Name _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Evening Phone _____

Email _____

A.O.A. # of spouse or significant other (if applicable) _____

If you're interested in learning more about helping with one of our projects, check below:

- Yellow Ribbon Teen Suicide Prevention Program
- Safety Activity Book
- Convention

Questions or Comments?
