

Illinois Osteopathic Medical Society



Illinois Osteopathic Medical Society 2020-21 Application / Renewal Statement

Check One: New Application Renewal

Dues Period October 1-September 30, 2021

Please enter your information on this form and send to the IOMS office with your dues payment.

Name: _____

Address: _____

Email: _____

Phone number: _____

Would you like to be contacted about serving on a 2020-21 or future IOMS Committee?

Membership

Legislative

CME/Education

DUES STRUCTURE (CIRCLE ONE):

Regular Physician Member	\$435
3 rd year in practice after residency	\$245
2 nd year in practice after residency	\$145
1 st year in practice after residency	\$ 50
Postgraduate/Resident	\$ 25
Retired	\$ 44
Associate member (out-of-state, Non-DO)	\$ 55
<i>Osteopathic Medical Student</i>	\$ 0

Payment Method (check one):

Check Visa MC AMEX DISC Check Number: _____

Credit Card Number: _____ Expiration Date: _____

Security Code: _____ Signature: _____

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. You may opt out of receiving such notifications by contacting us at ioms@ioms.org or (872) 216-0244. 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. IOMS never shares email or phone information with outside parties. IOMS membership is from October 1-September 30. Dues may be deductible as a business expense. Consult your tax advisor for additional information. IOMS estimates that the nondeductible portion of your dues which is allocated to lobbying is 35%.

Please return dues renewal statement along with payment to:

Illinois Osteopathic Medical Society
4200 Conestoga Dr #150
Springfield, IL 62711
Phone: 872-216-0244

Renew Online: www.ioms.org