

EMPLOYMENT

Individuals who are not directly employed by an AAOMS member (ie. billing agency staff or contracted consultants) are not eligible for AAOMS Allied Staff Membership. Only those individual staff members directly employed at a member's practice are eligible.

APPLICATION PROCESS

Each application must contain the following:

- Payment of one-time non-refundable \$40 application fee for applications received between January 1 – September 30; ***New applicants only***; not eligible for reinstated membership. Contact AAOMS Membership Department for information on reinstatement.
- Applications received October 1 – December 31 pay application fee equal to annual dues of \$55 and receive benefits through the following year. ***New applicants only***; not eligible for reinstated membership. Contact AAOMS Membership Department for information on reinstatement.
- Applicant's signature and date

Applications will be processed upon receipt. Candidates will be notified of their membership status within two weeks of application. E-mail membership@aaoms.org if you have any questions.

MEMBERSHIP DUES SCHEDULE

The AAOMS membership dues cycle is based on the calendar year (January 1 – December 31). Individuals elected to Allied Staff membership will be assessed dues in the following calendar year. Current annual dues are \$55.

DECLARATION

I acknowledge that my membership status in the Association is based on the Association's Governing Rules and Regulations. I agree to abide by the provisions of the AAOMS Governing Rules and Regulations and I recognize that the Association has the right to limit or terminate my membership status under the Association's Bylaws. I understand that I must notify the Association if I leave the practice of my sponsoring member and eligibility for continued membership will be dependent on employment with another sponsoring member's practice.

Applicant's Signature _____ Date _____

PAYMENT INFORMATION

Reinstatement (*former member*) - \$95 New Applicant - \$40 Jan - Sept / \$55 Oct - Dec

Check # _____ Visa MasterCard Discover American Express

Credit Card #: _____ Expiration Date: _____

Name on Credit Card: _____ Security Code: _____

Credit Card Billing Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Card Holder's Signature: _____

Please forward the completed application with payment of non-refundable application fee to:
AAOMS Membership Department
9700 West Bryn Mawr Avenue, Rosemont, Illinois 60018 Or
Fax: 847-678-6279

- FOR ADMINISTRATIVE USE ONLY -		
ID Number:	Date Revd:	Source: