



Membership Application—January 1 through December 31, 2022

Full Name: _____ Suffix: _____ Birth Date (optional): _____ Gender (optional): _____

Institution: _____

Street Address or PO Box #: _____

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

Phone: _____ Fax: _____ Mailing Address: Work Home

Email: _____ AOA #: _____ BOC #: _____

Membership Directory (required)

- Yes, please include my information in the online directory.
 No, I waive my directory listing benefit.

I am a team physician for the following sports teams:
(check all that apply)

- Youth Sports
 High School
 College
 Professional
 Special Olympics
 USA Team
 Olympic Coverage

Please list the teams you cover: _____

What percentage of your practice is related to sports medicine?

- 1%-25% 26%-50% 51%-75% 75%-100%

Do you practice in a sports medicine clinic: Part Time Full Time

Years of Practice in Sports Medicine: _____

Name of Medical School: _____

Date of Graduation: _____

Residency Completed At: _____

Date of Completion: _____

Primary Board Certification: _____

- DO MD

Sports Medicine Fellowship Site: _____

Date of Completion: _____

Do You Have a CAQ in Sports Medicine?

- Yes No

I did not complete a sports medicine fellowship

All membership categories receive an online subscription to the journal.

Membership Categories:

Physician \$320

Early Career \$220

This rate is available to members within one year of their fellowship graduation date.

International \$200

Qualified members must reside and practice outside of the United States.

Associate Member \$295

PhD, PA, ATC, PT

Fellow \$200

Currently participating in a Sports Medicine Fellowship.

Resident/Intern \$200

Provide proof of residency/internship.

Lifetime \$100

Qualified members must be pre-approved by the Board.

Student

Please check years left until graduation.

- 1 year (\$0) 2 years (\$0) 3 years (\$0) 4 years (\$0)

I would like to add a print subscription of the journal for \$50/year.

Payment Total:

- Check payable to AOASM, US funds only, drawn on a US bank
 Visa/MasterCard/American Express

Name of Cardholder: _____

Card Number: _____

Expiration Date: _____ CVV: _____

Signature of Cardholder: _____

Please send completed form, payment, & proof of residency/internship or student status (if applicable) to: