**Illinois Osteopathic Medical Society**

**2025 Application / Renewal Form**

**Check One:**  New Application □ Renewal □

**Dues Period is January 1 – December 31, 2025**

Please enter your information and send to the IOMS office with payment.

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| **PLEASE PRINT**  First Name: Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Degree: \_\_\_\_\_\_\_\_\_\_  *Check one: Preferred Address is for your Home* □ *or Work* □  *Preferred*  *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* □ |

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

Membership □ Legislative □ CME/Education □

**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 □

Credit Card Number: Expiration Date:

Security Code: Billing Zip Code: Signature:

By joining IOMS, you grant permission for us to contact you via mail, email, 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 312-291-1965. Occasionally, IOMS may provide contact information to third parties for announcements on programs, products, or services we feel may be of interest to our members. IOMS membership is from January 1 - December 31. Dues may be deductible as a business expense. Consult your tax advisor for additional information. IOMS does *not* allocate any portion ($0) of membership dues toward lobbying expenses for the 2025 membership year.

Please return this form with payment to: **Illinois Osteopathic Medical Society T: 312-291-1965**

**4044 N. Lincoln Ave. #362 E:** [**IOMS@ioms.org**](mailto:IOMS@ioms.org)

**Chicago, IL 60618 Website:** [**www.IOMS.org**](http://www.IOMS.org)