

Midwestern University
Chicago College of Osteopathic Medicine Alumni Association
Dues Membership

Name: _____

Address: _____

City: _____ State _____ Zip _____

Home Phone: _____ Office Phone: _____

Email: _____

Specialty: _____

Please complete the information below to join or renew your membership.
Your check may be made payable to "CCOM Alumni Association"

Life Membership

_____ One-time Payment \$1,000.00

_____ Two Payments of \$500.00 each if made within the same calendar year

Annual Membership – To Renew or Join

_____ Active \$100.00

_____ Resident/Fellow, Retired/Disabled \$ 25.00

CCOM 2013 Graduates – Waived

I would like to make an additional donation to the CCOM Alumni Association \$ _____

If you need further information or have any questions, please contact:

Midwestern University
Office of Development & Alumni Relations
555 31st Street • Downers Grove, IL 60515
Phone: 800-962-3053 • Fax: 630-971-6415

Credit Card Remittance

Circle One: AmX ▪ DISC ▪ MC ▪ VISA

Card Number: _____

Exp. Date: _____ Security Code: _____

Signature

Yes, I would like to:

_____ Serve on the CCOM Alumni

Association Board of Governors

_____ Participate in the Apollo Student

Email Mentoring Program

For current Midwestern University and Chicago College of Osteopathic Medicine information including the event schedule please visit our website at: www.midwestern.edu/alumni

Thank you for your consideration and support of the CCOM Alumni Association!