

**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

<b>Credit Card Remittance</b>
Circle One: AmX ▪ DISC ▪ MC ▪ VISA
Card Number: _____
Exp. Date: _____ Security Code: _____
_____
Signature

<b>Yes, I would like to:</b>
_____ 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](http://www.midwestern.edu/alumni)

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