



2017 Membership Application

Or join online at www.risops.org

Last Name	First Name	MI	Degree
Email Address <i>(required)</i>		AOA No.	

2017 MEMBERSHIP RATES

I am: JOINING RENEWING

- R.I. Physicians \$ 325
- New Member – 1st Year FREE
- New Member – 2nd Year \$ 200
- Associate Membership \$ 150
(Physician with license in other state)
- Retired R.I. Physicians \$ 100
- Allied Health Members \$ 50
- Student/Resident FREE

Return completed application & payment to:

RISOPS
 142 E. Ontario Street, 4th floor
 Chicago, IL 60611
 Fax: 312-202-8401
 Email: risops@osteopathic.org

BUSINESS

Practice Name <input type="checkbox"/> This is my preferred contact address			
Office Address			
<small>* We will only furnish your office address and phone number to patients seeking referrals.</small>			
Office Address 2			
City		State	Zip
Phone	Fax	Pager	
Specialty 1:		Specialty 2:	
<input type="checkbox"/> Board Certified		<input type="checkbox"/> Board Certified	

PERSONAL

Home Address <input type="checkbox"/> This is my preferred contact address			
Home Address 2			
City		State	Zip
Phone		Fax	

PAYMENT INFORMATION

<input type="checkbox"/> Visa	Card No. _____	<input type="checkbox"/> Check	# _____
<input type="checkbox"/> MC	Exp. _____ Security Code _____	Please make your check payable to RISOPS	
Name on Card _____			
I agree that I will comply with the Bylaws of the Society and the Code of Ethics of this Profession			
Signature: _____		Date _____	

Your dues payments to the Rhode Island Society of Osteopathic Physicians and Surgeons (RISOPS) may be deductible as business expenses up to the amount of \$325.00. (No portion of the dues are used to pay for costs of lobbying.) Please consult with your tax advisor concerning the extent to which you may deduct business expenses. RISOPS would be happy to respond to any questions that you or your tax advisor may have.

Questions? Please call RISOPS at 800-454-9663.