



ACADEMY OF MEDICINE OF CINCINNATI

7265 Kenwood Road • Suite 315 • Cincinnati, OH 45236-4411
513-421-7010 • Fax 513-721-4378 • www.academyofmedicine.org

MEMBERSHIP DUES INFORMATION/APPLICATION

Academy of Medicine of Cincinnati Membership Categories

Please check appropriate membership category, select a payment option, and complete application on reverse side.

ACTIVE: Any physician who has a current MD/DO license to practice issued by the State Medical Board of Ohio.

- Previous Member** — Physicians who held previous Active membership in the Academy. [\$399.00]
- New/First Year Member** — Physicians with no prior Academy Active membership history. [\$199.00]
- Part-Time Member** — Physicians with a current MD/DO license to practice issued by the State Medical Board of Ohio and practicing less than twenty (20) hours per week. [\$199.00]

RETIRED: Any physician no longer practicing (zero hours). [\$50.00]

NON-RESIDENT: Any physician holding a current license to practice medicine, who conducts the major portion of his or her practice outside of Hamilton County, Ohio. [\$195.00]

POST-GRADUATE TRAINEE: Any physician who has a current certificate or license issued by a state medical board and is enrolled in an approved internship, residency, or fellowship program.
[Complimentary]

STUDENT: Any person who is enrolled in an approved college of medicine pursuing the degree of MD/DO.
[Complimentary]

If you have any questions about the membership categories, please contact Natalie Peterson at 513-421-7010, ext. 333 (office) or 513-484-0156 (cell).

Payment Options

Check enclosed (make checks payable to the Academy of Medicine of Cincinnati) Send Invoice

Charge to VISA MasterCard American Express Discover

Account # _____ Expiration Date _____

Name on credit card _____ Amount charged \$ _____

Cardholder Address _____

_____ Email _____

Cardholder's Signature _____ Phone _____

Payment arrangements are available and can be made by calling
Natalie Peterson at 513-421-7010, ext. 333 (office) or 513-484-0156 (cell).

*If paying by check, return the completed application and check by mail to Academy of Medicine Membership Department,
7265 Kenwood Road, Suite 315, Cincinnati, OH 45236-4411.*

If paying by credit card, you may return the application by mail or fax to 513-721-4378.

If you prefer to complete the application and pay online, go to www.academyofmedicine.org and click on the Membership tab.

