



**AMERICAN OSTEOPATHIC COLLEGE OF ANESTHESIOLOGY**  
2260 East Saginaw Street, Suite B  
East Lansing, Michigan 48823

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### APPLICATION FOR STUDENT MEMBERSHIP

*This application must be Typewritten*

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_  
STREET CITY STATE ZIP

Telephone Numbers \_\_\_\_\_  
CELL RESIDENCE

Osteopathic College \_\_\_\_\_

Graduation Date \_\_\_\_\_ Email Address \_\_\_\_\_

FOR OFFICE USE ONLY:

Application Received \_\_\_\_\_ Fee received \_\_\_\_\_

Application approved \_\_\_\_\_

#### Instructions:

##### Online:

Complete this form then email a scanned copy to: [office@aocaonline.org](mailto:office@aocaonline.org). Then use PayPal through the AOCA web site to pay the \$10 membership fee.

OR

Send a check for \$10 along with application to:

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