



Advocates to  
Colorado Society  
of Osteopathic  
Medicine

Can we count on you to join us?  
Your participation is essential to promote our OSTEOPATHIC mission.  
Please complete the membership form below and  
return it to the Colorado Society of Osteopathic Medicine Office (CSOM)

NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY / STATE / ZIP CODE \_\_\_\_\_

TELEPHONE (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_ (CELL) \_\_\_\_\_

EMAIL \_\_\_\_\_ Please circle preferred contact: Postal Phone E-mail

- Please check your area of interest in helping with any of the following ACSOM Committees:

\_\_\_\_ Membership development      \_\_\_\_ Conventions: Winter and/or summer  
\_\_\_\_ Scholarship awards      \_\_\_\_ Leadership participation  
\_\_\_\_ Soup lunch fund-raiser      \_\_\_\_ Golf Tournament (any aspect)  
\_\_\_\_ Lunch meetings (camaraderie)      \_\_\_\_ Not at this time

- Please check one or both of the following membership categories:

\_\_\_\_ Regular Member \$25 \_\_\_\_\_  
\_\_\_\_ Add my spouse as a member \$25 Name: \_\_\_\_\_

- Please support the ACSOM with a donation to the following:

Silent Angel Fund (for student emergencies) \_\_\_\_\_  
Osteopathic medical student scholarship \_\_\_\_\_  
Student Advocates Association (medical student spouses) \_\_\_\_\_

**TOTAL ENCLOSED** \$ \_\_\_\_\_

\_\_\_\_ Enclosed check payable to ACSOM.

\_\_\_\_ Please charge this to my credit card (circle: VISA or MC).

Name on the card      Card Number      Exp.

Signature: \_\_\_\_\_

Questions? Contact ACSOM Membership Chair Karen Wegienek at [kmwphoto@aol.com](mailto:kmwphoto@aol.com) or 720-389-5506

ACSOM is a non-profit organization. Your contributions may be tax deductible.