

We Value your Membership

2025 AOS MEMBERSHIP DUES

RENEW ONLINE: aosdocs.com

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Sub-specialty (please include for AOS website search): _____

Check One Category:

_____ Active \$375.00/yr.

_____ Retired / Resident / Fellow (Circle One) No Charge

METHOD OF PAYMENT:

_____ **Check** Print and complete this form, attach check payable to Alabama Orthopaedic Society and mail to Alabama Orthopaedic Society, 1085 Chesson Hill Dr., Fitzpatrick, AL 36029

_____ **On-Line**
www.aosdocs.com Select Membership Renewal

_____ **Group Discount**
Practices whose members all join/renew as a group will receive a 10% discount off total dues

Card Number: _____ - _____ - _____ Exp: _____ - _____ CSV Code: _____

Billing Address: _____ City: _____ Zip _____

Email Address: _____ cell phone _____
will not be published *will not be published*

Mail to: AOS | 1085 Chesson Hill Drive | Fitzpatrick, AL
Email to: terri@aosdocs.com
Tel: 334-657-6575 | www.aosdocs.com