



Recertification Application

Revised May 2009

Member ID# _____ Certification Expires _____

(Please PRINT or TYPE)

Name _____ Title _____

Practice/Physician's Name _____

Address _____

Home Address _____

Telephone _____

Fax _____

E-Mail _____

PAYMENT - Recertification fee is \$100 for ASOA members; \$150 for nonmembers. (Fee is non-refundable.)

By Check (payable to ASOA) VISA MasterCard

Card Number _____ Exp. Date _____

Cardholder's Name (Print) _____

Cardholder's Signature _____

Mail to: ASOA, 4000 Legato Rd, #700, Fairfax, VA 22033

Or fax charge card payment to: Attn: Susan Younker (703) 591-5020. If you have any questions, please contact ASOA at 800-451-1339 or 703-591-2220 or by email at asoa@asoa.org.