



A M E R I C A N
O S T E O P A T H I C A S S O C I A T I O N

WAIVER FOR MEDICAL CONDITION - AOA ANNUAL MEMBERSHIP DUES MEMBER RELEASE AUTHORIZATION

I, _____, hereby authorize _____, who is my attending physician, to release any information regarding my physical condition, past or present, to the American Osteopathic Association as part of my application for consideration for a reduction or waiver of membership dues.

Signature:

Date: