

Membership Payment Form

Please select your preferred membership package:

- AOCMF e-Member – CHF40
(full online access to all member benefits)
- AOCMF Member – CHF75
(e-Member access plus printed copies of AO publications)

*** Prerequisite Verification:**

- Principles Advanced Focused
- Location: _____
- Month/Year: _____
- * Your membership will not be processed unless this information is provided in full

Member Information:

Last Name: _____ First Name: _____

E-mail Address: _____

Street Address / P.O. Box: _____

Postal Code / Zip: _____ City: _____

Country: _____ Phone: _____

Birth Date: ____/____/____ (DD/MM/YYYY) Male Female

Specialty: ENT General Surgery Neurosurgery
 OMF Ophthalmology Plastic

Payment Options:**Credit Card**

- Visa Mastercard American Express

Name as it appears on credit card: _____

Credit card number: _____

Security number (Visa/MC – 3 numbers on back; AMEX – 4 numbers on front): _____

Expiration Date: ____/____ (MM/YY)

Bank Transfer

Please remit your payment to the following bank account:
CREDIT SUISSE, 7270 Davos Platz, Switzerland
Account No: 614225-31
Clearing No*: 4835
IBAN: CH18 0483 5061 4225 3100 0
SWIFT: CRESCHZZ

* Clearing No. = BLZ = Sort Code = ABA No. = Routing No.

- Please enter a payment description as follows:
AOCMF Membership Fee – Month/Year
- If you are making a payment on someone's behalf, please include the member's full name in the payment description.

Date: _____

Signature: _____

Please post or fax the completed form to:

AO Foundation
AOCMF Clavadelerstrasse 8, 7270 Davos, Switzerland
Phone +41 81 414 25 54, Fax +41 81 414 22 80
membership@aocmf.org, www.aocmf.org