



# Michigan Osteopathic Association

## MEMBERSHIP APPLICATION

To complete this form online, please visit [www.domoa.org/membership-registration](http://www.domoa.org/membership-registration)

### Annual Membership Dues (check one)

- Active Practice for more than one year: **\$495**
- Active Practice for less than one year: **\$125**
- Interns, Residents, Students and Fellows: **Free**

- Retired member: **\$50**
- Affiliate member (non-D.O. health care professional): **\$335**
- Out of state: **\$75**
- 2nd member/D.O. spouse: **\$247.50**

Name \_\_\_\_\_

AOA # (required) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender  M  F

### Please check the box denoting your primary address.

Office Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address (required) \_\_\_\_\_

### Professional

Osteopathic College \_\_\_\_\_ Grad. Date \_\_\_\_\_

Additional/Other Advanced Degrees \_\_\_\_\_

Specialties and/or Sub-Specialties: First \_\_\_\_\_ Second \_\_\_\_\_

How often do you provide OMT?  Frequently  Occasionally  Never

### Interns, Residents and Fellows

I am currently enrolled in a(n):  Internship  Residency  Fellowship

Hospital \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Residency Completion Year \_\_\_\_\_

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

I have read, understood and agree to comply with the Bylaws and Code of Ethics of the American Osteopathic Association (AOA) and the Michigan Osteopathic Association (MOA). I understand that if any of the above information is falsified, my membership will be null and void. I hereby authorize MOA to obtain information regarding my qualifications for membership and release from liability any organization or individual who provides such information in good faith. I hereby release from liability MOA, its trustees, officers, employees and agents for acts performed in good faith in connection, evaluation and decision on this application.

### Method of Payment:

- Check
- Visa
- Discover
- MasterCard

CC# \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

\* Please note that a \$5.00 processing fee will be added to the membership amount.

**Return this completed form with payment:**

**FAX (517) 347-1566**

**MAIL 2112 University Park Drive, Suite 100, Okemos, MI 48864**