



Michigan Osteopathic Association

MEMBERSHIP APPLICATION

To complete this form online, please visit www.domoa.org

Annual Membership Dues (check one)

- Active Practice for more than one year: **\$473**
- 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: **\$236**

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.

Fax this completed form to **(517) 347-1566** or mail to the MOA with your check made payable to: