



PENNSYLVANIA
OSTEOPATHIC
MEDICAL
ASSOCIATION

717-939-9318
In Pa. 1-800-544-POMA
Fax 717-939-7255
e-mail poma@poma.org

Omission/Reduction of Membership Dues Questionnaire

(please write legibly & fill out completely)

Personal Information

Name: _____ AOA# _____

POMA District # _____ Out-of-state member (specify state): _____

Home address: _____

Phone: _____

Reason for requesting omission/reduction of dues: _____

Employment Information

Do you maintain an active license to practice medicine? Yes No

If yes, which state(s)? _____

Do you currently practice medicine in any capacity? Yes No

If yes, please specify: _____

Malpractice carrier: _____ Policy # _____

Office address (list all): _____

Phone: _____

E-mail: _____

Current hospital staff privileges: _____

Hours worked per week: _____ Income (attach details, i.e. tax return, etc.): _____

Have you, or do you plan to, resign from any active staff(s)? (please specify) _____

Signature _____ Date: _____