

**MEMBERSHIP APPLICATION****PERSONAL INFORMATION**

NAME: _____ AOA# _____

OFFICE ADDRESS: _____ HOME ADDRESS: _____

(PH) _____

(PH) _____

EMAIL: _____

PHONE: _____

DATE OF BIRTH: _____

EDUCATION INFORMATION

OSTEOPATHIC COLLEGE: _____ GRADUATION YEAR: _____

SPECIALITY: _____

BOARD CERTIFIED: YES NO IF SO WHICH? OSTEOPATHIC ALLOPATHIC BOTH

PROFESSIONAL HISTORY

CURRENT PRACTICE TYPE: _____

RESIDENCY PROGRAM: _____

INTERNSHIP PROGRAM: _____

I have complied with the laws regarding the practice of osteopathic medicine in the state where I now reside: YES NO

Have you ever been convicted of a felony? YES NO (If YES, please explain separately)

If I am accepted as a member of the Pennsylvania Osteopathic Medical Association, I promise to comply with its Constitutions, Bylaws and the principals embodied in its Code of Ethics.

SIGNATURE: _____

DATE _____



MEMBERSHIP APPLICATION

| <u>POMA MEMBERSHIP DUES</u> | |
|--|-------|
| Membership year: July 1-June 30 | |
| Active | \$375 |
| Associate (non-osteopathic physicians, outstanding teachers, researchers, administrators and health care executives) | \$100 |
| Out-of-state | \$50 |
| First Year in Practice * | FREE |
| Military - Active Duty | \$50 |
| PGY / OGME - 1 | \$25 |
| PGY / OGME - 2 | \$50 |
| PGY / OGME - 3 | \$50 |
| PGY / OGME - 4 | \$50 |
| Student | FREE |

PAYMENT: CHECK or CREDIT CARD

CREDIT CARD #: _____

EXPIRATION DATE: _____ CVV: _____

BILLING ADDRESS: HOME or OFFICE (if other please fill below)
