

PERSONAL INFORMATION

Name (First, Middle, Last): _____

Preferred First Name: _____ Spouse Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Home Fax: _____ Email: _____

Birth Date (MM/DD/YYYY) _____ Fellowship Designations: _____

Degrees: _____ AOA Number (if applicable): _____

PRIMARY OFFICE INFORMATION

Business or Employer: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Office Fax: _____

Work Email: _____ Website: _____

Practice Manager: _____ Practice Manager Email: _____

Specialty: _____ Sub-specialty: _____

Osteopathic Manipulative Medicine: Yes No

Board Certifications: AOA ABMS Other

Field of Practice (if different than Specialty): _____

MEDICAL EDUCATION

College of Osteopathic Medicine: _____ Graduation Year: _____

Internship/Residency Location: _____ Completion Date: _____

AOMA VOLUNTEER INTERESTS

- Charities Governance Legislative Affairs Membership Services
 Public Awareness New Physicians Speaker's Bureau Professional Education

SECTION I: MEMBERSHIP DUES

MEMBERSHIP TYPES – see page 2 for descriptions

Full	1st Year	2nd Year	3rd Year	Out of State	Military	Retired	Section I Total
\$475	\$100	\$200	\$300	\$225	\$150	\$ 40	

SECTION II: ARIZONA OSTEOPATHIC CHARITIES DONATION

Support the Arizona Osteopathic Charities, a 501 (c) 3 a non-profit charitable corporation. Its mission is to educate and promote safe and healthy living for children, student, and families.

						Section II Total
\$500	\$250	\$100	\$25	Other _____		

SECTION III: AOMA POLITICAL ACTION COMMITTEE (PAC) CONTRIBUTION

Suggested Annual Contribution. Must be an Arizona Osteopathic Medical Association member to join AOMA PAC. Corporations are prohibited from donating to the AOMA PAC. Individual contributions only.

Support osteopathic medicine political action in Arizona! Make a donation to AOMA PAC.

Gold Level	Silver Level	Bronze Level	Basic	Section III Total
\$250	\$150	\$100	\$25	

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