

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: _____

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 Payor Relations 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	\$150	\$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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SECTION IV: PAYMENT SUMMARY

Membership Dues - Section I	\$
My donation to Arizona Osteopathic Charities - Section II	\$
My contribution to the AOMA PAC - Section III	\$
Total payment enclosed – Sections I, II, III	\$

Note: Corporations are prohibited from donating to AOMA PAC. Individuals only.

Check Enclosed Check # _____

Name on Credit Card _____

VISA ____ MasterCard ____ AMEX ____ Card # _____

Expiration Date _____ CSV/CVV: _____

Signature _____

Please make checks payable to: AOMA

Send to: 5150 N. 16th Street, Suite A-122, Phoenix, AZ 85016 OR Fax to 602-266-1393 OR Call 602-266-6699

MEMBERSHIP TYPES

MEMBER TYPE	DESCRIPTION	ANNUAL DUES
Full	Osteopathic physicians who are in their 4 th + year of practice following training	\$ 475.00
1 st Year	Osteopathic physicians who are in their 1 st year of practice following training	\$ 100.00
2 nd Year	Osteopathic physicians who are in their 2 nd year of practice following training	\$ 200.00
3 rd Year	Osteopathic physicians who are in their 3 rd year of practice following training	\$ 300.00
Military	Osteopathic physicians who are full-time active military who are located and/or practicing in the state of Arizona	\$ 150.00
Out of State	Osteopathic physicians who reside in another state with or without an Arizona license	\$ 150.00
Retired	Osteopathic physicians who have completely disassociated themselves from the practice of medicine and surgery, or administrative or education positions	\$ 40.00
Intern/Resident	Osteopathic physicians who are currently interns or post-graduate residents	Complimentary
Student	Individuals who are currently enrolled in medical school	Complimentary

Important Tax Information

The Omnibus Budget Reconciliation Act (OBRA) limits the amount of association membership dues that can be deducted for tax purposes. OBRA requires that the percentage of membership dues allocated for legislative lobbying is non-deductible, which is 20%. Therefore, 80% of your paid membership dues may be deductible as an ordinary and necessary business expense. PLEASE CONSULT YOUR TAX ADVISOR FOR ADDITIONAL INFORMATION.