



Membership Application 2018

Member Type (Check One):

- | | | |
|--|--|--|
| <input type="checkbox"/> First Year Physician (\$50) | <input type="checkbox"/> Retired (\$0) | |
| <input type="checkbox"/> Physician (\$195) | <input type="checkbox"/> OMS I (\$0) | <input type="checkbox"/> RES I (\$0) |
| <input type="checkbox"/> Associate – FP Outside MI (\$195) | <input type="checkbox"/> OMS II (\$0) | <input type="checkbox"/> RES II (\$0) |
| <input type="checkbox"/> Affiliate – Degreed healthcare professional (\$195) | <input type="checkbox"/> OMS III (\$0) | <input type="checkbox"/> RES III (\$0) |
| | <input type="checkbox"/> OMS IV (\$0) | <input type="checkbox"/> RES IV (\$0) |

Status (Circle One): Certified FP FP N/A Other _____

AOA #: _____ Birth date: _____ Sex (Circle One): F M

First Name: _____ Last Name: _____

Degrees, Credentials: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

College: _____ Date of Graduation: _____

Hospital Affiliation: _____

METHOD OF PAYMENT: American Express Discover MasterCard Visa Check here if corporate credit card

Check (Payable to MAOFP) Check # _____

Name on Credit Card (If different than above) _____

Billing Address (If different than above) _____

City _____ State _____ Zip Code _____

Phone Number: (____) _____

Credit Card Number _____ Exp. Date _____ CVV Code: _____

Please submit application and **payment (if applicable)** to the address below.

Michigan Association of Osteopathic Family Physicians

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www.maofp.org