



**Membership Form**  
**Oklahoma Osteopathic Association**  
 4848 N. Lincoln Blvd. Oklahoma City, OK 73105-3335  
 405-528-4848 or 800-522-8379 ~ fax: 405-528-6102  
 tyler@okosteo.org ~ www.okosteo.org

(Please print or type entire form)

Name \_\_\_\_\_ D.O. \_\_\_\_\_  
 (First name as called by peers)

Date of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_ Name of Spouse \_\_\_\_\_

Office Location \_\_\_\_\_  
 (Street) (City) (State) (Zip)

Office Mailing Address \_\_\_\_\_  
 (PO Box) (City) (State) (Zip)

Home Address \_\_\_\_\_  
 (Street) (City) (State) (Zip)

Office Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Home Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

Fax # ( \_\_\_\_\_ ) \_\_\_\_\_ Cell ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Would you like to periodically receive OOA updates via text message? Yes \_\_\_\_\_ No \_\_\_\_\_ Cell Number: \_\_\_\_\_

**PROFESSIONAL INFORMATION**

Nature of Practice (Circle/Select One)

- Administrative   College Faculty   Correctional Facility   Hospital   Intern   Military   Private Practice  
 Public Health/Indian Health   Resident   Retired   Semi-Retired   Veterans Administration

Primary Specialty Category (i.e. Family Practice, Internal Medicine, etc) \_\_\_\_\_ Certified \_\_\_\_\_yes \_\_\_\_\_no

Secondary Specialty Category: (if applicable) \_\_\_\_\_ Certified \_\_\_\_\_yes \_\_\_\_\_no

Third Specialty Category: (if applicable) \_\_\_\_\_ Certified \_\_\_\_\_yes \_\_\_\_\_no

Fourth Specialty Category: (if applicable) \_\_\_\_\_ Certified \_\_\_\_\_yes \_\_\_\_\_no

American Osteopathic Association (AOA) Number \_\_\_\_\_ Current AOA Member \_\_\_\_\_yes \_\_\_\_\_no

Are you a member of an Osteopathic Specialty College \_\_\_\_\_yes \_\_\_\_\_no If yes, which one(s) \_\_\_\_\_

Are you a Fellow of an Osteopathic Specialty College \_\_\_\_\_yes \_\_\_\_\_no If yes, which one(s) \_\_\_\_\_

AOA Board Certified \_\_\_\_\_yes \_\_\_\_\_no If yes, for which specialty \_\_\_\_\_

Allopathic Board Certified \_\_\_\_\_yes \_\_\_\_\_no If yes, for which specialty \_\_\_\_\_

**EDUCATION**

**Pre-Med School** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Graduation year \_\_\_\_\_

**Osteopathic College** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Graduation Year \_\_\_\_\_

**Internship** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Graduation date \_\_\_\_\_

**Residency** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Graduation date \_\_\_\_\_

**Fellowship Training** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Completion date \_\_\_\_\_

**PRACTICE HISTORY**

Date \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Date \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Date \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

<u>MEMBERSHIP</u>	<u>ANNUAL DUES</u>
First Year in Practice	\$300
Second Year in Practice	\$400
Third Year in Practice	\$600
Regular (4+ years in practice)	\$600
Military*	\$100
Out-of-state	\$100
Associate	\$100

\*Must provide proof of current Association of Military Osteopathic Physicians and Surgeons membership

Payment:  Check Enclosed (Please make check payable to the Oklahoma Osteopathic Association.)

VISA     MASTERCARD     DISCOVER     AMERICAN EXPRESS

Credit Card No.: \_\_\_\_\_ Card Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name (please print as it appears on card): \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Would you like to periodically receive OOA updates via text message? Yes \_\_\_ No \_\_\_ Cell Number: \_\_\_\_\_

\*The OOA Bylaws state that "Any member whose dues or assessments remain unpaid after December 31, shall automatically be dropped from membership and such person shall not be permitted to attend any of the Association's official business sessions or receive any membership benefit. With the approval of the Board of Trustees of the Association, such an individual upon written request may be reinstated to membership upon the payment of dues and assessments for the current year.

Oklahoma Osteopathic Association membership dues are not deductible as a charitable expense but may be deductible as an ordinary and necessary business expense. Of your membership dues, 20.46% percent goes toward lobbying activities and is therefore not tax deductible as a business expense.