



<u>Membership Category</u> (check one)	<u>Dues Rate</u>
<input type="checkbox"/> Osteopathic Physician 1 st year in Practice	\$100
<input type="checkbox"/> Osteopathic Physician 2 nd year in Practice	\$150
<input type="checkbox"/> Osteopathic Physician 3 rd year in Practice	\$200
<input type="checkbox"/> Osteopathic Physician 4 th year in Practice	\$300
<input type="checkbox"/> Osteopathic Physician 5 th year or more in Practice	\$400
<input type="checkbox"/> Retired Osteopathic Physician	\$25
<input type="checkbox"/> Out of State Osteopathic Physician	\$100
<input type="checkbox"/> Osteopathic Resident	No Fee

APPLICATION FOR MEMBERSHIP

Full Name: _____

Email address: _____ Date of Birth: _____

AOA#: _____ Oregon Medical Board #: _____ Other State Medical License: _____
(Indicate state & license number)

Office Address:

Street _____ City _____ State _____ ZIP _____

Home Address:

Street _____ City _____ State _____ ZIP _____

Mailing Address (where you would like to receive information): Office Home Other (enter below):

Street _____ City _____ State _____ ZIP _____

Medical School: _____ Graduation Year: _____

Internship: _____ Graduation Year: _____
(or expected grad year)

Residency: _____ Graduation Year: _____
(or expected grad year)

Specialty: _____ Subspecialty: _____

Certifying Board(s): _____

Have you ever been subject to disciplinary review or action any of the following? (if yes, please explain on separate page)

State Licensing Board Osteopathic Association Other Peer Review or Agency

By signing below (electronic printed signature acceptable) I hereby apply for membership in the Osteopathic Physicians and Surgeons of Oregon, Inc. I certify that the information in this application is true I agree to abide by the [By-laws](#), [Code of Ethics](#), and [principles embodied therein of the American Osteopathic Association and the Osteopathic Physicians and Surgeons of Oregon, Inc.](#)

Copies of these documents can be found at www.opso.org

Signature: _____ Date: _____

PAYMENT OPTION: Check (enclosed) Credit Card (info below)

Credit Card: Visa M/C Amex Discover Card Number _____

Expiration Date: _____ Security Code: _____ Amount: \$ _____