

The Georgia Osteopathic Medical Association 2009-2010 Membership Application

Current annual dues (please check one classification):

In practice 3 years+ \$395
2nd Year in practice \$235
1st Year in practice \$135
Military/Public Health \$75

Out of State \$50
Inactive* \$50
Associate \$100
Retired Gratis

Resident Gratis
Intern Gratis
Student Gratis

PERSONAL

Name: (please type or print) _____
(first) (middle/initial) (last)

Business name: _____

Business address: _____
(street) (city) (county) (state) (zip)

Mailing address: _____
(street/P.O. box) (city) (county) (state) (zip)

Office telephone #1: (____) _____ Office telephone #2: (____) _____ Office fax: (____) _____

Office e-mail: _____

Home address: _____
(street/P.O. box) (city) (county) (state) (zip)

Mailing preference: Business Home Other (list on page 2 comments)

Home telephone: (____) _____ Home fax: (____) _____ Home e-mail: _____

Date of birth: _____ Place of birth: _____ Marital status: _____

Spouse's name: _____ Children & year of birth: _____

PRACTICE

Date practice begun: _____ Type of practice: Solo Group Partnership Institutional
 Other _____

Specialty: _____ Subspecialty: _____ Fellowship: _____

Board certified: Yes No Eligible Date: _____ Specialty college(s): _____

Georgia license no.: _____ Date licensed: _____

Hospital affiliation (s): _____
(name) (city/state) (name) (city/state)

Licensed in what other states: _____

EDUCATION

Pre-osteopathic college: _____ Year graduated: _____ Degree: _____

Osteopathic college: _____ AOA number: _____
(name/city) (year graduated)

Internship completed at: _____
(name/city) (year)

Residency completed at: _____
(name/city) (years)

* DO who is not retired, but is not practicing medicine.

OTHER

Additional post graduate training: _____

Member of other association(s): _____

Honors/professional accomplishments: _____

Teaching or faculty positions: _____

Other comments: _____

I have indicated the form of payment for my 2009/2010 membership dues, with the understanding that the funds will be returned to me should my application not be approved by the GOMA Board of Trustees.

Attached is a check made out to "GOMA" in the amount of \$_____.

Please charge my (circle one) Visa MasterCard American Express Discover

Account # _____ Exp. Date _____

Cardholder Name _____ Signature _____

I hereby agree to practice, comply and govern my conduct in accordance with the Code of Ethics of the Georgia Osteopathic Medical Association and such standards of conduct and practice ethics adopted by the association. I certify that the answers herein are complete and true to the best of my knowledge. I hereby authorize the release of information to GOMA for the purpose of investigation of my professional credentials and personal character as needed to process my membership application.

Signature: _____ Date: _____

Please return completed application with payment to:
GEORGIA OSTEOPATHIC MEDICAL ASSOCIATION
P.O. Box 986 Braselton, GA 30517
678-225-7571 FAX: 678-225-7579

www.goma.org exdir@goma.org or gomaosteo@aol.com

Dues are not deductible as a charitable contribution, but may qualify as an ordinary business expense under the IRS regulations. In accordance with the Revenue Title of the Omnibus Budget Reconciliation Act of 1993, 5% of your membership dues are used for lobbying expenditures and are not tax deductible. All voluntary contributions are fully deductible.

Office use only:

 Date:
 Reviewed & Approved by Membership Committee
 Reviewed & Approved by Executive Board of Trustees

 Date:
 GOMA District Assigned
 Legislative/Congressional Districts Identified