HAOPS Membership Application: 2026

PLEASE PROVIDE ALL APPLICABLE INFORMATION (*REQUIRED) Board Action _____

DEMOGRAPHIC INFORMATION

*** Name:** _____

***Preferred Mailing Address:** _____

*** Street Address:** _____

*** City, State, Zip:** _____

*** Phone:** _____ **Fax:** _____

*** E-Mail:** _____ **Date of Birth:** _____

AOA Number: _____ **Hawaii License #:** _____

PRACTICE STATUS

☐ **Private Practice** ☐ **Resident/Fellowship** ☐ **Government or Military**

☐ **Faculty or Hospital** ☐ **Internship** ☐ **Other (detail):** _____

***Medical School & Graduation Date:** _____

***Internship & Year Completed:** _____ ***Residency & Year Completed:** _____

☐ **AOA Board Certified in:** _____ ☐ **ABMS Board Certified in:** _____

***Area of Practice:** _____

Other Professional Degree(s): _____

***Do you currently have an unrestricted license to practice medicine in the state listed in your address?** ☐ **Yes** ☐ **No**

***Has your license ever been suspended or revoked? (If yes, please provide details separately.)** ☐ **Yes** ☐ **No**

***Have you ever been convicted of a felony offense? (If yes, please provide details separately.)** ☐ **Yes** ☐ **No**

By my signature, I authorize release of the information contained in this application and membership file to those organizations or hospitals to which I may subsequently apply for membership, and the release to HAOPS by organizations and hospitals of information relative to my membership in those organizations. I agree to practice, comply, and govern my conduct in accordance with the Code of Ethics of HAOPS and AOA and such other standards of conduct and practice ethics adopted by the Association.

Signature_____ **Date**_____

I AM APPLYING FOR:		
DO Member	☐ **$100.00**	
Military	☐ **$100.00**	
Associate (DO's residing out-of-state)	☐ **$100.00**	
Friend of HAOPS	☐ **$100.00**	
Academic (Student, Resident, or Intern)	☐ **Free**	**$0**
HAOPS Donation	**Optional**	
TOTAL PAYMENT DUE $		

HAOPS
Hawaii Association of Osteopathic Physicians & Surgeons

Please make checks payable to **HAOPS** and send to:
Terri Kakugawa, DO
91-1034 Nanahu Street
Kapolei, HI 96707