

20 Court St Winchester, KY 40391

Telephone: 502-299-4291| Email KYKOMAEXEC@GMAIL.COM

*The Mission of the Kentucky Osteopathic Medical Association shall be to enhance the availability of quality healthcare in the Commonwealth of Kentucky and provide education and support services to its physician and medical student members.*

**Membership Application – 2023 MEMBERSHIP Jan 1 – Dec 31, 2023**

Name:

Degrees:

Company: ne:

Address:

Fax:

Email:

This address is: Work Home County:

**Membership Fees:\***

Membership is based on a calendar year from January 1st - December 31st.

**Please check one:**

Licensed Physician - $400

First Year in Practice - $200

Resident - $50

Osteopathic Student $25

Retired Physician - $50

Out of State DO - $100

MD -nonvoting - $400

**Student Shadowing**

Would you be willing to be a contact for

Pre-Doctoral student shadowing and Medical

Student rotations?

Yes No

**Practice Type**

OB-GYN

Family Practice Anesthesiology Emergency Medicine Pharmacist

Radiology General Surgery Pain Management Psychiatry

Other:

**Contribution\*\***

Please consider a contribution to the Student Presentation Fund.

$50 - Covers 1 Student

$100 - Covers 2 Student

$200 - Covers 4 Student

Other: $

**KOMA FOUNDATION: 501 c 3 tax deductible donation:**

**Donated Amount: $\_\_\_\_\_\_\_\_\_**

**Payment**

Renewal $\_\_\_\_\_\_\_\_

Student Contribution $

Foundation Donation. $\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total $

Check or money order payable to KOMA Visa/Mastercard

Card Number: Expiration Date: CVV:\*\*\*

**Billing Zip Code**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_





***\*\*****Your contribution may be tax deductible. Please consult your tax advisor for more information.*

*\*\*\* The CVV Number ("Card Verification Value") on your credit card or debit card*

*is a 3 digit number on the back of a VISA® or Master*

Please send completed application and fee to: KOMA – 433 S Main Winchester, KY 40391

Credit card users may email their application to [kykomaexec@gmail.com](mailto:kykomaexec@gmail.com) or pay at KOMA.org with Paypal. Questions? Please contact KOMA Membership Department at 502.299.4291