



*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

Name: \_\_\_\_\_

Degrees: \_\_\_\_\_

Company: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Fax: \_\_\_\_\_

\_\_\_\_\_

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

This address is:  Work  Home

County: \_\_\_\_\_

### Membership Fees\*

Membership is based on a calendar year from January 1st - December 31st. *If joining after July 1, pay half the annual rate!*

#### Please check one:

- Licensed Physician - \$400
- First Year in Practice - \$200
- Resident/Intern - \$50
- Osteopathic Student - FREE
- Retired Physician - \$50
- Out of State DO - \$50
- Associate Membership - \$50

### 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: \$ \_\_\_\_\_

### Payment

Renewal Fees: \$ \_\_\_\_\_  
Contribution: \$ \_\_\_\_\_  
Total: \$ \_\_\_\_\_

- Check or money order payable to KOMA
- Visa/Mastercard

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

*\*A percentage of dues payments are deductible by members as an ordinary and necessary business expense. The organization estimates 2% of your annual membership dues is spent on lobbying expense and therefore nondeductible as a business expense. Please consult your tax consultant for further information.*

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