

Advocates for the
Michigan Osteopathic Association
MEMBERSHIP FORM
2009 - 2010

_____ Regular Members	\$30.00
_____ Spouse of Physician in first year of practice	\$10.00
_____ Spouse of a Life Professional, or Retired, Deceased Osteopathic Physician\$ 5.00
<small>(Circle One Please)</small>	
_____ Spouse of a Resident or Student	\$ 0.00
_____ Past AMOA President or Life Member (Circle one)	\$ 0.00

(Dues and other contributions to the AMOA are tax deductible)

Name: _____

Home Address: _____

City: _____ State: _____

Zip Code: _____ Phone Number: _____

Physician's Name: _____

Physician's AOA# _____

E-Mail Address: _____

___ My dues are enclosed ___ Will pay to MOA with my spouse's dues

___ Please contact me, I would like to be more active in the AMOA

___ I am a member of the AAOA:

___ I am a member of an Advocates' Component:

If you are which one: _____

___ I do not have an active Advocates' Component in my area.

(if enclosing a check make payable to: AMOA)

Please send this form to:

Jackie Bearden - 1414 Wellington Blvd. - Lansing, MI 48910