Advocates for the
Michigan Osteopathic Association
MEMBERSHIP FORM
2011 - 2012

_____ 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

(Circle One Please)

_____ Spouse of a Resident or Student ……..……...…… $ 0.00

_____ Past AMOA President or Life Member (Circle one) ……..…….…. $ 0.00

_____ I would like to make a donation to the AMOA …… $_____

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

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home 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.

Please send this form with check (payable to: AMOA) to:

Pam Kolinski
5077 Shane Street
Kalamazoo, MI 49009