



Membership Application

In State, Active Practice	\$250
In State, Active Practice (Auto-Renewal)	\$225
Out of State	\$25
Retired Members	\$25
Associate Members (Non-DO's)	\$125
Active Duty Military Members, Public Health, VA	\$75
First Year in Practice	\$100
Residents/ Interns Free	
Student Free	
Total Dues Enclosed	\$ _____

Name: _____ AOA # _____

NC/Other State License # _____ Specialty: _____

Home Address: _____

City, State, Zip: _____

Business Address: _____

City, State, Zip: _____

Phone Number: Home: _____ Work: _____ Cell: _____

Email: _____

Payment Method: ___Check (made to NCOMA) ___MasterCard ___ Visa

Card No.: _____ Expiration Date: _____ 3 digit security code: _____

Name as it appears on card: _____

Signature: _____ Fax to: 919-844-4556

How frequently do you offer OMT? _____ Are you looking for a new partner? _____

Do you intend to relocate your practice or move within the next two years? _____

Check if you do not want your contact information posted at www.ncoma.org.

Attestation Statement: (All members please sign)

I hereby agree to uphold the duties, responsibilities and standards set forth in the North Carolina Osteopathic Medical Association's Code of Ethics and Bylaws. I also agree to pay the indicated amount above.

Signature: _____ Date: _____

Please make checks payable to NCOMA. Mail or fax completed application to:

NCOMA, PO Box 30214, Raleigh, NC 27622-0214 Phone: or 919-573-5437 Fax: 919-844-4556

Go to www.ncoma.org for more information and may also contact our current President of NCOMA: Dr. Beverly Goode-Kanawati at: drbgoode@gmail.com and 919-306-2553