



Membership Application

- In State, Active Practice \$250
- 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: _____

Email: _____

Payment Method: <input type="checkbox"/> Check (made to NCOMA) <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa		
Card Number: _____	Expiration Date: _____	
Signature: _____		

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, 1500 Sunday Drive, Suite 102, Raleigh, NC 27607
Phone: 888-626-6248 or 919-573-5437 Fax: 919-787-4916 www.ncoma.org