



Pennsylvania Osteopathic Medical Association
1330 Eisenhower Boulevard, Harrisburg PA 17111-2395
Phone: 717-939-9318 Fax: 717-939-7255

Membership Dues Omission/Reduction Questionnaire
(Please write legibly & fill out completely)

The Membership Committee of the POMA Board of Trustees will address your application at their next quarterly meeting and will give you an answer as soon as possible.

If you have any questions/concerns please contact the POMA Staff

NAME: _____ AOA# _____

POMA DISTRICT # _____

REASON: _____

OFFICE ADDRESS(LIST ALL): _____

_____ PHONE: _____

_____ PHONE: _____

HOME ADDRESS: _____

_____ PHONE: _____

ARE YOU CURRENT OR RETIRED MILITARY? If yes, WHICH BRANCH AND WHEN?

DO YOU CURRENTLY PRACTICE MEDICINE IN ANY CAPACITY? YES NO

IF YES, PLEASE SPECIFY: _____

ARE YOU EMPLOYED? YES NO IF YES, BY WHOM: _____

ADDRESS OF EMPLOYER: _____

_____ PHONE: _____

HOURS WORKED: _____

DO YOU MAINTAIN AN ACTIVE LICENSE TO PRACTICE MEDICINE? YES NO

IF YES, WHICH STATE(S)? _____

CURRENT HOSPITAL STAFF PRIVILEGES: _____

HAVE YOU, OR DO YOU PLAN TO, RESIGN FROM ANY ACTIVE STAFF(S)? PLEASE SPECIFY.

SIGNATURE _____ DATE: _____