



POMA Membership Application

List of fees and payment information on reverse.

1330 Eisenhower Boulevard, Harrisburg, PA 17111 • (717) 939-9318 • Toll-free in PA (800) 544-7662
Fax (717) 939-7255 • E-mail poma@poma.org

Today's Date _____ I hereby apply for _____ New Membership _____ Reinstatement

Personal Information

Name _____ AOA No. _____ SS No. _____

Primary Office Address (for mailing) _____

City _____ State _____ Zip _____ Telephone (____) _____

Fax (____) _____ E-mail _____

Residence Address _____

City _____ State _____ Zip _____ Telephone (____) _____

If Board Certified, List Certifying Board _____ Date of Birth _____ Spouse's Name _____

Undergraduate Education

College _____ Graduation Year _____

Location _____ Degree(s) Held _____

Professional Education

Full Name of Osteopathic Medical College _____ Graduation Year _____

Internship

Hospital _____

Location _____ Dates _____

Residency (use other side if needed)

Hospital(s) _____

Location _____ Type of Residency _____ Dates _____

Fellowship

Hospital _____ Specialty _____

Location _____ Dates _____

Practice Record

Licensed in (State) _____ Date _____ Lic. No. _____

Licensed in (State) _____ Date _____ Lic. No. _____

I have practiced in the following location(s): (use other side if needed)

City _____ State _____ Dates _____

City _____ State _____ Dates _____

I have complied with the laws regarding the practice of osteopathic medicine in the state where I now reside.

Yes _____ No _____ If no, explain _____

Have you ever been convicted of a felony? _____ Yes _____ No _____ (If yes, please explain on reverse.)

If I am accepted as a member of the Pennsylvania Osteopathic Medical Association, I promise to comply with its Constitution, Bylaws and the principles embodied in its Code of Ethics. (Bylaws will be forwarded upon acceptance.)

Signature of Applicant _____ Date _____

Unless objection is raised, membership privileges will begin 30 days after applicant's name has been published in the POMA Newsletter.

POMA Membership Dues

Active, in-state (<i>full year — July 1–June 30</i>)	\$375
Active, in-state (<i>half-year — January 1–June 30</i>)*	\$200
Out-of-state	\$50
First year in practice (<i>must practice in Pa.</i>)	FREE
Intern	\$25
Resident	\$50
Fellowship	\$50
Reinstatement fee (<i>in addition to dues</i>)	\$25

* *New members only.*

Payment Information

I am paying by:

check made payable to the POMA

Visa MasterCard

cardholder's name _____

credit card number _____

expiration date _____

For additional information: _____
