



# Nevada Osteopathic Medical Association

P.O. Box 90601  
Henderson, Nevada 89009-0601  
702-434-7112 ~ 702-434-7110  
nvoma@earthlink.net ~ www.nevadaosteopathic.org

## Student Membership Application

**Please Type or Print**

|                    |                     |  |
|--------------------|---------------------|--|
| _____<br>Last Name | _____<br>First Name | _____<br>Middle Initial                  |
| _____<br>DOB       | _____<br>AOA Number | _____<br>Spouses Name<br>(If Applicable) |

**Contact Information**

|                                     |                     |
|-------------------------------------|---------------------|
| _____<br>Osteopathic Medical School | _____<br>Class Year |
|-------------------------------------|---------------------|

**Please check preferred Mailing address:**

Home \_\_\_\_\_

|         |      |       |     |
|---------|------|-------|-----|
| Address | City | State | Zip |
|---------|------|-------|-----|

Other \_\_\_\_\_

|         |      |       |     |
|---------|------|-------|-----|
| Address | City | State | Zip |
|---------|------|-------|-----|

\_\_\_\_\_  
Phone Number

|                      |                               |
|----------------------|-------------------------------|
| _____<br>Cell Number | _____<br><b>Email Address</b> |
|----------------------|-------------------------------|

**Personal Information:**

|                               |                |                        |
|-------------------------------|----------------|------------------------|
| _____<br>Undergraduate School | _____<br>Major | _____<br>Year of Grad. |
|-------------------------------|----------------|------------------------|

\_\_\_\_\_  
Other information, minors, specialities

|                           |                    |
|---------------------------|--------------------|
| _____<br>Graduate Studies | _____<br>Degree(s) |
|---------------------------|--------------------|

\_\_\_\_\_  
Hobbies/Other Interest

Are you interested in participating in committee assignments?

- |                                     |   |   |                                  |
|-------------------------------------|---|---|----------------------------------|
| <input type="checkbox"/> Technology | <input type="checkbox"/> Membership               | <input type="checkbox"/> Communications | <input type="checkbox"/> Events  |
| <input type="checkbox"/> Education  | <input type="checkbox"/> Advocacy & Govtn Affairs |   | <input type="checkbox"/> By Laws |

|                    |               |
|--------------------|---------------|
| _____<br>Signature | _____<br>Date |
|--------------------|---------------|