



# Nevada Osteopathic Medical Association

P.O. Box 90601  
Henderson, Nevada 89009-0601  
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## Student Membership Application

**Please Type or Print**

_____ Last Name	_____ First Name	_____ Middle Initial
_____ DOB	_____ AOA Number	_____ Spouses Name (If Applicable)

**Contact Information**

_____ Osteopathic Medical School	_____ Class Year
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**Please check preferred Mailing address:**

Home \_\_\_\_\_

Address	City	State	Zip
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Other \_\_\_\_\_

Address	City	State	Zip
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\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Cell Number

**Email Address required**

**Personal Information:**

_____ Undergraduate School	_____ Major	_____ Year of Grad.
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\_\_\_\_\_  
Other information, minors, specialities

_____ Graduate Studies	_____ Degree(s)
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\_\_\_\_\_  
Hobbies/Other Interest

Are you interested in participating in committee assignments?

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

_____ Signature	_____ Date
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