



**NEVADA OSTEOPATHIC MEDICAL ASSOCIATION  
MEMBERSHIP APPLICATION**

2245 Springdale Ct  
Reno NV 89523  
(702) 434-7112 ~ Fax (775) 787-6430  
Info@NevadaOsteopathic.org  
www.nevadaosteopathic.org

\_\_\_\_\_  
Last Name First Name Middle Initial  
DOB: \_\_\_\_\_ State License# \_\_\_\_\_ AOA# \_\_\_\_\_

**Please supply both home and office address. Check preferred mailing site.**

Office address \_\_\_\_\_  
street city state zip

Home address \_\_\_\_\_  
street city state zip

Office phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Fax number \_\_\_\_\_ EMAIL \_\_\_\_\_

If married please provide your spouse's name: \_\_\_\_\_

Specialty \_\_\_\_\_ OMT:  Yes  No

**Board Certified:**  Yes  No **Current Practice Status:**  Full Time  Part Time  Retired  
 Resident  Faculty  Intern

**I would be interested in:**

mentoring  being a preceptor  allowing a student to shadow  accepting undergraduates

**Are you interested in serving on a NOMA committee?**  Yes  No

Osteopathic College: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

**Membership Dues  
Dues year is July 1 through June 30**

Physician Practicing in Nevada.....	\$400.00
Intern / Resident.....	\$ 20.00
Physician in first year of practice after Residency.....	\$ 75.00
Second Year of Practice after Residency.....	\$150.00
Third Year of Practice after Residency.....	\$285.00
Associate Member—Licensed in Nevada, Practicing Solely outside of Nevada.....	\$ 50.00
Military.....	\$ 50.00
Retired Physician.....	\$ 50.00
Friend of the Profession.....	\$250.00

Dues with an application received after January 1 will be pro-rated: call our office for verification of amount.  
Mail completed application to: Nevada Osteopathic Medical Association 2245 Springdale Ct, Reno NV 89523  
Or email completed application to: Treasurer@NevadaOsteopathic.org

NOMA will accept a check, Visa, MasterCard. American Express or Discovery.  
Join or Renew Online at [www.NevadaOsteopathic.org](http://www.NevadaOsteopathic.org)

\_\_\_\_\_  
Card Number Expiration Date Security Number

I hereby agree if elected to membership in the NEVADA OSTEOPATHIC MEDICAL ASSOCIATION, I will uphold and abide by said Association's Constitution and Bylaws. I certify that my practice conforms with and I hereby subscribe to the Code of Ethics of the American Osteopathic Association. I also certify that my license to practice is in good standing. All information by me in this application, is true to my best knowledge and belief.

\_\_\_\_\_  
Date Signature