



NEVADA OSTEOPATHIC MEDICAL ASSOCIATION

MEMBERSHIP APPLICATION

403 Max Court ~ Henderson, NV 89011

(702) 434-7112 ~ Fax (702) 434-7110

nvoma@earthlink.net ~ 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

Do not include me in the NOMA referral base.

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 (please circle one)

Osteopathic College: _____ Graduation Year: _____

Membership Dues

Dues year is July 1 through June 30 Call NOMA Office after Dec 1 for Pro Rate

Physician Practicing in Nevada.....	\$400.00
Resident.....	\$ 20.00
Intern.....	\$ 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.
Completed application to: Nevada Osteopathic Medical Association 403 Max Court Henderson, NV 89011
Or email completed application to: nvoma@earthlink.net

NOMA will accept a check, Visa, MasterCard, American Express or Discovery.
Online payment at www.regonline.com/NOMAMember

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



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

_____ 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, specialties

_____ 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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