

**Membership Form**  
**OKLAHOMA OSTEOPATHIC ASSOCIATION**  
4848 N Lincoln Blvd, Oklahoma City, OK 73105-3335  
Email: ooa@okosteo.org | Fax: 405-528-6102  
Web: www.okosteo.org | Phone: 405-528-4848 or 800-522-8379

(Please print or type entire form)

Name \_\_\_\_\_ DO \_\_\_\_\_  
(First name as called by peers)

Date of Birth \_\_\_\_\_ Hometown \_\_\_\_\_ Name of Spouse \_\_\_\_\_

Office Location \_\_\_\_\_  
(Street) (City) (State) (Zip)

Office Mailing Address \_\_\_\_\_  
(PO Box) (City) (State) (Zip)

Home Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Office Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Home Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

Fax # ( \_\_\_\_\_ ) \_\_\_\_\_ Cell ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address: \_\_\_\_\_

I would like to receive association updates, reminders and special offers via:      Email      Text Message      Email & Text

**PROFESSIONAL INFORMATION**

Nature of Practice (Circle all that apply)

Administrative    College Faculty    Correctional Facility    Employer-Owned Clinic    Fellow    Hospital    Intern    Locum Tenens  
Military    Private Practice    Public Health/Indian Health    Resident    Retired    Semi-Retired    Student    Veterans Administration

Primary Specialty Category (i.e. Family Practice, Internal Medicine, etc) \_\_\_\_\_ Certified \_\_\_\_yes \_\_\_\_no

Secondary Practice Category: (if applicable) \_\_\_\_\_ Certified \_\_\_\_yes \_\_\_\_no

Third Practice Category: (if applicable) \_\_\_\_\_ Certified \_\_\_\_yes \_\_\_\_no

Fourth Practice Category: (if applicable) \_\_\_\_\_ Certified \_\_\_\_yes \_\_\_\_no

American Osteopathic Association (AOA) Number \_\_\_\_\_ Current AOA Member \_\_\_\_yes \_\_\_\_no

Are you a member of an Osteopathic Specialty College \_\_\_\_yes \_\_\_\_no If yes, which one(s) \_\_\_\_\_

Are you a Fellow of an Osteopathic Specialty College \_\_\_\_yes \_\_\_\_no If yes, which one(s) \_\_\_\_\_

AOA Board Certified \_\_\_\_yes \_\_\_\_no If yes, for which specialty\_\_\_\_\_

Allopathic Board Certified \_\_\_\_yes \_\_\_\_no If yes, for which specialty\_\_\_\_\_

**EDUCATION**

High School\_\_\_\_\_

City\_\_\_\_\_State\_\_\_\_\_Graduation year\_\_\_\_\_

Pre-Med School\_\_\_\_\_

City\_\_\_\_\_State\_\_\_\_\_Graduation year\_\_\_\_\_

Osteopathic College\_\_\_\_\_

City\_\_\_\_\_State\_\_\_\_\_Graduation Year\_\_\_\_\_

Internship\_\_\_\_\_

City\_\_\_\_\_State\_\_\_\_\_Graduation date\_\_\_\_\_

Residency\_\_\_\_\_

City\_\_\_\_\_State\_\_\_\_\_Graduation date\_\_\_\_\_

Fellowship Training\_\_\_\_\_

City\_\_\_\_\_State\_\_\_\_\_Completion date\_\_\_\_\_

**PRACTICE HISTORY**

Date\_\_\_\_\_Address\_\_\_\_\_City\_\_\_\_\_State\_\_\_\_\_

Date\_\_\_\_\_Address\_\_\_\_\_City\_\_\_\_\_State\_\_\_\_\_

Date\_\_\_\_\_Address\_\_\_\_\_City\_\_\_\_\_State\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant Date

Membership	Annual Dues (Nov. 1-Oct. 31)	Membership	Annual Dues (Nov. 1-Oct. 31)
First Year in Practice	\$300	Osteopathic Medical Student	\$0
Second Year in Practice	\$400	Intern	\$0
Third & Subsequent Years in Practice	\$500	Resident	\$0
Out-of-State	\$100	Fellow	\$0
Associate	\$100	Retired	\$0

Please remit application with applicable dues to:  
Oklahoma Osteopathic Association,  
4848 N Lincoln Blvd, Oklahoma City, OK 73105-3335  
Email: marie@okosteo.org | Fax: 405-528-6102

**FOR INTERNAL USE ONLY**

**Recommended by the OOA Bureau on Membership:**

Signature\_\_\_\_\_Signature\_\_\_\_\_

(Please Print)\_\_\_\_\_ (Please Print)\_\_\_\_\_