



# Membership Application

Thank you for your support of osteopathic medicine in the State of Texas.  
TOMA Membership runs annually January through December.  
Please print legibly.

1415 Lavaca Street  
Austin, Texas 78701  
800.444.8662  
(f) 512.708.1415  
www.txosteo.org

## Applicant Name, Address & Employment

FIRST MIDDLE LAST D.O.B.

Degrees to Appear with Name:  DO  MD  PhD  Other: \_\_\_\_\_

Current Employment:  Private Practice  Hospital  University  Retired  Military

Please check preferred mailing address. Office address will be published in the TOMA Directory.

Office STREET CITY STATE ZIP

Home STREET CITY STATE ZIP

OFFICE # FAX # EMAIL

CELL # HOME # COUNTY

Referred By (full name & phone #): \_\_\_\_\_

## Degrees, Certifications & Affiliate Memberships

### Osteopathic College

COLLEGE NAME CITY STATE YEAR GRADUATED

### Residency Training

HOSPITAL NAME CITY STATE DATE OF COMPLETION

Current Area(s) of Specialization: \_\_\_\_\_

Accreditation:  AOA  ACGME  Dual

Are you a member of AOA?  Yes  No If yes, please list your AOA #: \_\_\_\_\_

Licensed in Texas Since (year): \_\_\_\_\_ License #: \_\_\_\_\_

Other Affiliate Medical Association Memberships: \_\_\_\_\_

## For Students/Residents/Interns Only

### Current Medical Program

COLLEGE NAME CITY STATE ANTICIPATED GRADUATION DATE

### Current Residency Program

HOSPITAL NAME CITY STATE DIRECTOR FULL NAME

AREA OF SPECIALTY ENTRANCE DATE ANTICIPATED COMPLETION DATE

## Membership Agreement

I hereby certify, if I am approved as a new member into the Texas Osteopathic Medical Association, I will uphold and abide by TOMA's Code of Ethics, Bylaws and Constitution.

APPLICANT PRINTED NAME

APPLICANT SIGNATURE

DATE

## Photograph

Please include a recent professional photo. Photographs are displayed online with your office contact information.

## Membership Classification

<u>LEVEL</u>	<u>DUES AMOUNT</u>	<u>DESCRIPTION</u>
<input type="checkbox"/> Regular	\$550	Private Practice/Hospital
<input type="checkbox"/> 3 <sup>rd</sup> Year in Practice	\$425	Private Practice/Hospital
<input type="checkbox"/> 2 <sup>nd</sup> Year in Practice	\$275	Private Practice/Hospital
<input type="checkbox"/> 1 <sup>st</sup> Year in Practice	\$125	1 <sup>st</sup> Year in Private Practice/Hospital or 1 <sup>st</sup> year joining TOMA
<input type="checkbox"/> Military/Public Health	\$175	Active Military or Public Health Service
<input type="checkbox"/> Non-Resident Associate	\$115	Out of State Physician
<input type="checkbox"/> Resident/Intern/Fellow	\$0	Enrolled in a Residency, Internship or Fellowship
<input type="checkbox"/> Student	\$0	Enrolled in Medical Program
<b>Additional Categories</b>		
Sustaining Member	<input type="checkbox"/> Patron - \$300	Additional financial support of the association's program of service
	<input type="checkbox"/> Plus - \$200	
	<input type="checkbox"/> Sustainer - \$150	

## Method of Payment

**MEMBERSHIP DUES** (see dues amount above): \$\_\_\_\_\_

**TOMA Foundation Donation** (TOMAF is a 501(c)3 foundation, proceeds benefit the profession & future of osteopathic medicine): \$\_\_\_\_\_

**TOMA Political Action Committee** (Help ensure the future of the osteopathic profession): \$\_\_\_\_\_

Contributions are encouraged but voluntary and can only be accepted from individuals, sole proprietorships, partnerships and other political action committees. No corporate checks or corporate funds of any kind are permitted. Contributions made to the TOMA-PAC are neither deductible as a business expense nor as a charitable contribution.

**TOTAL DUE:** \$\_\_\_\_\_

Check (# \_\_\_\_\_) made payable to TOMA     Visa     MasterCard     AMEX     Discover

CREDIT CARD #

EXPIRATION DATE

CVV#

STREET

CITY

STATE

ZIP

CARDHOLDER NAME

SIGNATURE

DATE

Applying for TOMA membership is a two part process. Once the completed application and payment are received by the State office you will receive a small questionnaire with information requested for record keeping purposes.

Following the questionnaire, your application will be submitted for approval to the TOMA Board of Trustees.

**Please allow 2-4 weeks for approval notification.**

*Upon approval, a welcome letter and how to begin taking advantage of your TOMA benefits will be sent to you.*

**Please return this completed form to:**

TOMA Membership – 1415 Lavaca Street, Austin, TX 78701

Fax: 512.708.1415 or Email: [jennifer@txosteo.org](mailto:jennifer@txosteo.org)