



Alaska Osteopathic Medical Association 2018-2019 Membership Application

Please complete all sections *required or go to www.alaskado.org to join online!

* Name: _____

*Preferred Mailing Address: _____

* Street Address: _____

* City, State, Zip: _____

* Phone: _____ Fax: _____

* E-Mail: _____ Date of Birth: _____

Significant Other's Name: _____ Male Female

AOA Number: _____ Alaska License # _____

PRACTICE STATUS

Private Practice Resident/Fellowship Government or Military

Faculty or Hospital Internship Other _____

Specialty: _____

Certification: _____

Other Professional Degree(s): _____

By my signature, I authorize release of the information contained in this application and membership file to those organizations or hospitals to which I may subsequently apply for membership, and the release to AKOMA by organizations and hospitals of information relative to my membership in those organizations. I agree to practice, comply, and govern my conduct in accordance with the Code of Ethics of AKOMA and AOA and such other standards of conduct and practice ethics adopted by the Association.

Signature _____ Date _____

Physician Member Dues..... \$200
Retired or Military Member Dues.....\$150
Academic Member (student/resident) FREE
AKOMA's membership year is June 1 through May 31

Amount \$ _____ Check enclosed (Payable to AKOMA) Check # _____

Card Number: _____ Sec. Code: _____ Exp. Date: _____

Signature: _____ Date: _____

Mail Forms and Checks to:
Alaska Osteopathic Medical Association
c/o Justin Carricaburu, DO
11315 Amy Circle
Anchorage, AK 99516

Questions? Please contact staff at **312.202.8394** or **akoma@osteopathic.org**