CONNECTICUT OSTEOPATHIC MEDICAL SOCIETY

Membership Application

Connecticut Osteopathic
Medical Society
142 East Ontario St. - 8th Floor
Chicago, IL 60611-2864

Phone: (800) 648-9777
Fax: (312) 202-8401
connecticut@osteopathic.org

Please Type or Print Clearly

First Name :		MI:		Last Name:		Degree:	
AOA Member?	Yes / No	AOA #		Date of Birth: (mm/dd/yyyy)			

ADDRESS: COMPLETE BOTH SECTIONS AND CHECK PREFERRED MAILING ADDRESS.

☐ Office Address:					
Practice Group:					
City:		State/Zip:			
Office Phone:		Fax:		Email:	
☐ Home Address:					
City:		State/ Zip:			
Home Phone:		Fax:		Email:	

Practice:

Type of Practice (ex. FP, EM, OMT, etc.):					
Fellowships:					
State of License:		License # :		Issue Date:	
State of License:		License # :		Issue Date:	
Board Certified?	Y / N	Board Eligible?		Y / N/ NA	

Education:

College / Osteopathic:			
Location:		Date Grad:	
Internship Hospital:		Type:	
Location:		Date Grad:	
Residency Hospital:		Type:	
Location:		Date Grad:	

If accepted for membership, I agree to comply with the COMS bylaws and with the AOA Code of Ethics. By my signature, I authorize release of information contained in this application and in membership files of those organizations and hospitals to which I may subsequently apply for membership; and the release to COMS by organizations and hospitals of information relative to my previous membership in those organizations. I am a resident or a licensed physician in compliance with the state board of medical licensure and/or discipline's order.

Signature _____ **Date:** _____

Membership Category		
	First Year in Practice	$99
	Second Year in Practice	$199
	Third Year in Practice	$250
	Physician: New Member	$199
	Out of State	$150
	Military/Retired	$100
	Student/Intern/Resident	$0

Amount $ _____ ☐ **Check enclosed** **Check #:** _____ *(Payable to Connecticut Osteopathic Medical Society)*

Please charge my: ☐ **Visa** ☐ **MasterCard** **Automatic Renewal?** *(Circle one)* **YES** **NO**

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

Return completed application/payment to: COMS, 142 E. Ontario Street, 8th Floor, Chicago, IL 60611-2864 or Fax: (312) 202-8401
***Questions? Call* (800) 648-9777 *or email* connecticut@osteopathic.org**