



## Membership Application

Thank you for applying for membership in the Kansas Association of Osteopathic Medicine. Please type or print all requested information (except signature) and return along with dues amount from the enclosed schedule:

Kansas Association of Osteopathic Medicine (KAOM)  
1260 SW Topeka Blvd.  
Topeka, Kansas 66612

Checks should be made payable to KAOM. In the event membership is for any reason not approved the dues payment will be reimbursed.

I, (Name) \_\_\_\_\_ hereby  
make application for (Membership Category) \_\_\_\_\_ in  
the Kansas Association of Osteopathic Medicine and enclose my check in the amount of  
\$ \_\_\_\_\_ for the current fiscal year ending March 31.

I am licensed to practice osteopathic medicine and surgery in Kansas. My license number is  
\_\_\_\_\_ and license was issued: \_\_\_\_\_  
Date

My address is: (Number and Street) \_\_\_\_\_

(City) \_\_\_\_\_ Office Phone: \_\_\_\_\_

(State and Zip Code) \_\_\_\_\_ Email: \_\_\_\_\_

*Upon becoming a member, I agree to comply with the Kansas Association of Osteopathic Medicine by-laws and the Code of Ethics of the American Osteopathic Association.*

(Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

(Tax Identification or Social Security Number) \_\_\_\_\_

Recruited by: \_\_\_\_\_