



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 June 30.

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: _____