

MEMBERSHIP APPLICATION

KENT COUNTY OSTEOPATHIC ASSOCIATION

PLEASE TYPE OR PRINT TO COMPLETE THE ENTIRE APPLICATION

I, _____, DO hereby apply for membership in the Kent County Osteopathic Association (KCOA). I agree to support its Constitution and Bylaws and the Code of Ethics of the American Osteopathic Association.

Please check the address to which you want your KCOA mail delivered.

[] Practice Street Address _____
Practice City, State, Zip _____
Practice Main Phone # _____ Back Line # _____
Practice Fax # _____ Practice Manager's Name _____
Practice Name _____
Preferred Email Address _____

[] Home Street Address _____
Home City, State, Zip _____
Home Phone # _____ Unlisted? [] Yes [] No
Date of Birth _____ Place of Birth _____
[] Male [] Female Marital Status _____ Spouse's Name _____
Hospital Affiliation(s) 1. _____ 2. _____ 3. _____
Michigan License # _____
Licenses held in other states 1. _____ 2. _____ 3. _____
NPI Number _____

Signature of Applicant Date _____

I have contacted the following KCOA member who has agreed to act as my sponsor. (Please contact the KCOA office if you need a sponsor, 616-458-4157.)

Sponsor's Name

KCOA Use Only Reviewed and Elected

***** IMPORTANT *****

- 1) When complete, mail to the Kent County Osteopathic Association.
- 2) Please attach your current Curriculum Vitae/Resume.
- 3) A photo with the application would be appreciated, but is optional.

Kent County Osteopathic Association • 233 East Fulton, Ste 222 • Grand Rapids, MI 49503 • 616-458-4157