

MEMBERSHIP APPLICATION

KENT COUNTY OSTEOPATHIC ASSOCIATION

PLEASE TYPE OR PRINT TO COMPLETE THE ENTIRE APPLICATION

I, _____, DO (Resident), 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.

[] Street Address _____
City, State, Zip _____
Main Phone # _____ Fax # _____
Email Address _____ May we e-mail you meeting alerts? Yes ___ No ___

[] Home Street Address _____
Home City, State, Zip _____
Home/Cell 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. _____

Residency Completion Date _____ Medical Discipline _____

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

<p>KCOA Use Only Reviewed and Elected</p> <p>_____</p>
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***** IMPORTANT *****

When complete, mail to the Kent County Osteopathic Association at address below.