



MEMBERSHIP APPLICATION

KENT COUNTY OSTEOPATHIC ASSOCIATION

PLEASE TYPE OR PRINT TO COMPLETE THE ENTIRE APPLICATION

I, _____, (Medical Student), 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.

Local Street Address _____
Local City, State, Zip _____
Local Phone # _____ Fax # _____
Email Address _____
Date of Birth _____ Place of Birth _____
 Male Female Marital Status _____ Spouse's Name _____
Hospital Affiliation(s) 1. _____ 2. _____ 3. _____
Michigan License # _____
Graduation Date _____

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.
233 East Fulton, Ste 222, Grand Rapids, MI 49503**