



**2017**  
**MOMA MEMBERSHIP APPLICATION/INVOICE**  
**MISSISSIPPI OSTEOPATHIC MEDICAL ASSOCIATION**

**MOMA dues year is Jan 1 – Dec 31**

**Due upon Receipt**

Your dues helps MOMA serve you.

*Please join today!!!*

- |                                                                               |             |
|-------------------------------------------------------------------------------|-------------|
| <input type="checkbox"/> Active DO (MS Practice or Academic)                  | \$425 _____ |
| <input type="checkbox"/> Active DO (1st Year of Practice in MS)               | \$125 _____ |
| <input type="checkbox"/> Retired/Military/Public Health/VA                    | \$125 _____ |
| <input type="checkbox"/> Out-of-State DO (Licensed in MS – no practice in MS) | \$225 _____ |
| <input type="checkbox"/> Intern/Resident/Fellow                               | \$75 _____  |
| <input type="checkbox"/> Associate (MD, NP, PA, RN, DO w/o MS license, PhD)   | \$175 _____ |
| <input type="checkbox"/> Admin/Technical Professional (Non-Provider)          | \$100 _____ |
| <input type="checkbox"/> OMS WCU-COM                                          | \$0 _____   |
| <input type="checkbox"/> OMS Other-COM                                        | \$0 _____   |

Name \_\_\_\_\_ AOA # \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone# \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_ Cell# \_\_\_\_\_

E-Mail \_\_\_\_\_ Home Fax # \_\_\_\_\_

Business Address \_\_\_\_\_ Bus Phone# \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_ Bus Fax # \_\_\_\_\_

Preferred Address for MOMA mail: Home \_\_\_ Office \_\_\_ Can you provide a CME lecture? Yes \_\_\_ No \_\_\_

CME topics you can provide \_\_\_\_\_

Medical School \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Specialty \_\_\_\_\_ Degrees/Certifications \_\_\_\_\_

Other specialty, academic or other appointment, title, etc. \_\_\_\_\_

Can you accept patient referrals from the MOMA office? \_\_\_\_\_

The MOMA office receives frequent requests for OMT referral. Do you accept patients for OMT? \_\_\_\_\_

Can you accept applicants/COM students for help with observation or rotation? \_\_\_\_\_

MOMA policy is to provide only your **BUSINESS** contact information for referral and membership lists/directories.  
**MEMBER PRIVATE INFORMATION WILL BE SAFEGUARDED AND USED ONLY FOR INTERNAL MOMA BUSINESS**

*I hereby agree to comply with the bylaws and policies of this association, the Code of Ethics of this profession, and all applicable laws of the State of Mississippi.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_ CHECK ENCLOSED \_\_\_ CHECK TO FOLLOW CHECK # \_\_\_\_\_ TOTAL DUE \$ \_\_\_\_\_

Enclose your check made payable to MOMA. **Don't forget to return this completed and signed application.**

Mail to: MOMA MEMBERSHIP, PO Box 17648, Hattiesburg, MS 39404

\_\_\_ PAYMENT BY CREDIT CARD\*: \_\_\_ VISA \_\_\_ MC \_\_\_ DISCOVER \_\_\_ AMEX

CARD # \_\_\_\_\_ EXP DATE \_\_\_\_\_ 3 OR 4-DIGIT SEC CODE \_\_\_\_\_

NAME ON CARD \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_

CARD BILLING ADDRESS \_\_\_\_\_

\*Mail to the above address, email to [jessica@moma-net.org](mailto:jessica@moma-net.org), or pay online: [www.moma-net.org](http://www.moma-net.org)

Questions? Call Jessica Taylor @ 601-366-3105 or 573-239-2439 or email [jessica@moma-net.org](mailto:jessica@moma-net.org)