

2019
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"/> Full-Retiree (No Practice) or 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 | \$50 _____ |
| <input type="checkbox"/> Associate (MD, NP, PA, RN, DO w/o MS license, PhD) | \$175 _____ |
| <input type="checkbox"/> Admin/Technical Professional (Non-Provider) | \$75 _____ |
| <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 110, Bienville, LA 71008

___ 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, Fax to 601-675-4190 or pay at our secure online site: www.moma-net.org

Questions? Call Ed Williams @ 601-366-3105 or 601-622-2267 or email ed@moma-net.org