



128 State Street, Suite 102, Augusta, ME 04330
Telephone: 207-623-1101 Fax: 207-623-4228 www.mainedo.org

MOA Membership Application 2016-2017 Membership Cycle

Maine Osteopathic License No. _____ Date Issued: _____ AOA Number: _____

Name: (Print) _____

Mailing Address: (Business) _____ City: _____ State: _____ Zip: _____

Practice Name: _____

Office Phone: _____ Fax Number: _____ E-mail Address: _____

Office Manager: _____ Specialties Practiced: _____

Please indicate the level of OMT you do in your practice:

- 1-None 2-Occasionally 3 - Quite Frequently 4 - Almost Exclusively

Please check all that apply:

Private Practice Hospital Employed-Hospital Name: _____ Other: _____

Accepting New Patients

Other State Licenses Held: _____

Practice Locations and Dates: _____

Undergraduate College: _____ Year Graduated: _____ Degree: _____

Osteopathic/ Post- Grad College: _____ Year: _____

Internship Completed At: _____ Year: _____

Residency Completed At: _____ Year: _____

Specialty Certification: _____ Year: _____

Personal Information (for MOA use Only)

Mailing Address: (Home) _____ City: _____ State: _____ Zip: _____

Home Phone: _____ US Citizen? _____ If No, Country of Origin: _____

Date of Birth: ____/____/____ Place of Birth: _____

Military Service: Branch: _____ Rank: _____ Date of Discharge: _____

Referred by: _____

Membership Dues for Current Practice Status: (Membership annual cycle is June 1 - May 31)

- Interns & Residents: \$ 0 1st Year in Practice: \$138 2nd Year in Practice: \$275
 Full Membership: \$445 Out-Of-State Member: \$215 Retired: \$66
 Physician Associate Member (M.D.s who are members of the Maine Medical Association) \$215
 Professional Associate member (PA, NP, C.N.M, D.D.S., etc.) \$215

Payment Method: Check enclosed # _____ Master Card Visa American Express

Card # _____ - _____ - _____ Exp. Date: ____/____ V-Code: _____

Credit Card Billing Address: _____ City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

Return completed application along with payment to: Maine Osteopathic Association, 128 State Street, Suite 102, Augusta, ME 04330
Credit Card payments may be faxed to 207-623-4228 or emailed to ddubord@mainedo.org

Dues to the Maine Osteopathic Association are not deductible as a charitable contribution, but may be deductible as an ordinary and necessary business expense. A portion of the dues, however is not deductible to the extent that the Maine Osteopathic Association engages in lobbying. The non tax-deductible portion of the 2015 MOA membership dues was 5% for expenses related to lobbying. The projected amount for 2016 is 5%.