

STUDENT / INTERN MEMBERSHIP APPLICATION

(Dues are complimentary)

FOMA Executive Office
2544 Blairstone Pines Drive
Tallahassee, Florida 32301
Phone: (850) 878-7364 / Fax: (850) 942-7538
Toll Free: (800) 226-3662 / www.foma.org

INSTRUCTIONS TO APPLICANT:

Please print or type requested information in space provided.

If the answer is "none" or "not applicable", please indicate. If additional space is required, please attach it to the application.

PERSONAL INFORMATION

NAME: _____ AOA # _____

DATE OF BIRTH: _____ SSN#: _____

MARITAL STATUS: _____ SPOUSE'S NAME: _____

CURRENT MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ EMAIL: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ EMAIL: _____

EDUCATION:

PRE-OSTEOPATHIC TRAINING

COLLEGE: _____

DEGREE: _____ YEAR: _____

OSTEOPATHIC SCHOOL

COLLEGE: _____

DEGREE: _____ YEAR: _____

OTHER AFFILIATIONS & INTERESTS: _____

Certification by Applicant: *In making application for membership in the FOMA, I agree to abide by the FOMA Bylaws and Code of Ethics. I certify that the answers herein are complete and true to the best of my knowledge. I hereby release from any liability, for statements made in good faith and without malice, all individuals who submit information at the request of the Association to facilitate the assessment of my qualifications for membership.*

Signature: _____

Date: _____

Mail or fax completed application to:

Revised: 8/28/15

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