Illinois Osteopathic Medical Society

Membership Application

(PLEASE PRINT LEGIBLY)

Name:

Title: ❑ DO ❑ MD ❑ Other
Contact Preference: ❑ Work ❑ Home

Gender: ❑ Male ❑ Female
Marital Status: ❑ Married ❑ Single

WORK

Address:

City: State: Zip Code: – County:

Phone: ( ) Fax: ( ) E-mail:

HOME

Address:

City: State: Zip Code: – County:

Phone: ( ) Fax: ( ) E-mail:

❑ I would like to be placed in the IOMS referral database. Please mark which address you would like in a published directory and website. ❑ Home ❑ Work

Hospital or Clinic Affiliations:

Type of Practice (ex. FP, EM, OMT, etc.): Fellowships:

AOA Member: ❑ Yes ❑ No AOA Member Number: IL License Date: Number:

Osteopathic College: Graduation Year:

Osteopathic National Boards (Year Passed): or ❑ Not Taken USMLE (Year Passed): or ❑ Not Taken

Board Certification (most recent renewal date): Original Certification Date: or ❑ Not Taken

If accepted for membership I agree to comply with the IOMS Bylaws and with the AOA Code of Ethics. By my signature, I authorize release of the information contained in this application and in membership files of those organizations and hospitals to whom I may subsequently apply for membership; and the release to IOMS by organizations and hospitals of information relative to my previous membership in those organizations. I am a resident or a licensed physician in compliance with the state board of medical licensure and/or discipline's order.

Signature: Date:

Please explain lapses between training and practice on the other side of this form or on an attached document

MEMBERSHIP CATEGORY:

❑ Active ($435) ❑ 3rd Year in Practice ($245) ❑ 2nd Year in Practice ($145) ❑ 1st Year in Practice ($50) ❑ Associate ($55)
❑ Retired ($44) ❑ Postgraduate ($22) ❑ Student ($0) ❑ Professional ($435)

Were you referred by a IOMS member? ❑ Yes ❑ No. If yes, please list

Amount $ ❑ Enclosed is my check Please charge my: ❑ VISA ❑ MasterCard

Card Number: Security Code: Expiration Date:

Signature: Date:

Please mail to the: Illinois Osteopathic Medical Society, 142 E. Ontario Street, Chicago, IL 60611
Phone: 800-621-1773 ext 8174 • Fax: 312-202-8224 • e-mail ioms@ioms.org