



NYSOMS ACTIVE MEMBERSHIP
Through April 30, 2021

First Name: _____ Middle Name/Initial: _____ Last Name: _____

Designation: _____ AOA#: _____

Preferred Contact by NYSOMS: _____ Office _____ Home

Exclude me from the Referral List _____

Exclude me from the Shadow List _____

HOME: Address 1: _____ Address 2: _____ City: _____ State: ____ Zip: _____ Telephone: _____ Cell Phone: _____ Email: _____ Med School: _____	OFFICE: Address 1: _____ Address 2: _____ City: _____ State: ____ Zip: _____ Telephone: _____ Work Fax: _____ Website: _____ Include ____ /Exclude ____ from referral list
Graduation Date/Expected Graduation: _____	<u>Second Office Location: add on separate sheet</u>
Primary Practice: Secondary Practice: Board Certification(s): Fellows: Licensed to Practice Medicine (List States):	<u>Academic Position:</u> Organization: Title: Dept: OMM Hospital Affiliations:

Please note for tax purposes that the New York State Osteopathic Medical Society (NYSOMS) membership dues may be deductible as a business expense. NYSOMS estimates that 20% of your membership dues is used for the NYSOMS' lobbying activities and is therefore not deductible for income tax purposes. We suggest that you retain a copy of this statement for your records and consult with your tax advisor.

ACTIVE(2+ yrs in practice)**(\$200)** _____ **1st Yr Practice (\$50)** _____ **2nd Yr Practice (\$100)** _____
Associate(Teaching, research, administrative or executive employees) _____ **Postgraduate (Free)** _____ **Student(Free)** _____

Enclosed is my check _____ (Payable to: NYSOMS) OR Charge my: _____ VISA _____ MasterCard _____ AMEX _____ Discover
 Card Number: _____ Expiration Date: _____

Please mail to: NYSOMS, PO BOX 8000, Old Westbury, NY 11568 or **FAX** to: (516) 686-3767

Questions?: Phone: 212-261-1784 e-mail: nysoms@nysoms.org Website: www.nysoms.org

I would like to become more involved in the New York Osteopathic Medical Society.

Please consider me for the following committee(s):

<input type="checkbox"/> Awards	<input type="checkbox"/> Legislation	<input type="checkbox"/> Young Physician
<input type="checkbox"/> Bylaws	<input type="checkbox"/> Convention	<input type="checkbox"/> Public Relations
<input type="checkbox"/> Ethics	<input type="checkbox"/> Finance	<input type="checkbox"/> Scholarship
<input type="checkbox"/> Medical Practice	<input type="checkbox"/> Membership	
<input type="checkbox"/> Nominations	<input type="checkbox"/> CME Programs	

I am interested in providing:

☐ CME Course. Give details _____

☐ Organize a local meeting and/or CME program. Give details _____

Indicate other ways you would like to get more involved in NYSOMS activities:

I currently serve on the following professional board(s) and/or panel(s):

_____ Term: _____

_____ Term: _____

_____ Term: _____

Other comments:

Thank you!