



Membership Application

Thank you for applying for membership in the Kansas Association of Osteopathic Medicine. Please type or print all requested information (except signature) and return to:

Kansas Association of Osteopathic Medicine
1260 SW Topeka Boulevard
Topeka, Kansas 66612

In the event membership is for any reason not approved, the dues payment will be reimbursed.

I, (name) _____

hereby make application for (membership category) _____

in the Kansas Association of Osteopathic Medicine and enclose my check in the amount of

\$ _____ for the current fiscal year ending March 31.

I am licensed to practice osteopathic medicine and surgery in Kansas. My license number is

_____ and it was issued (date) _____

My address is: (number and street) _____

(city) _____ Office Phone: _____

(state and zip code) _____ Email: _____

Upon becoming a member, I agree to comply with the Kansas Association of Osteopathic Medicine By-Laws and the Code of Ethics of the American Osteopathic Association.

(signature) _____

(date) _____

(tax identification number or social security number) _____