



western
michigan
osteopathic
association

Membership Application

Return application and \$150.00 Membership fee to:

Western Michigan Osteopathic Association
800 E. Ellis Road
Norton Shores, MI 49441

APPLICANT INFORMATION

<input type="text"/>		<input type="text"/>	
First Name		Last Name	
<input type="text"/>		<input type="text"/>	
Email		Phone	
<input type="text"/>			
Home Address			
<input type="text"/>	<input type="text"/>	<input type="text"/>	
City	State	ZIP Code	
<input type="text"/>			
Office Address			
<input type="text"/>	<input type="text"/>	<input type="text"/>	
City	State	ZIP Code	

EDUCATION AND CERTIFICATION INFORMATION

<input type="text"/>	<input type="text"/>
Medical School	Dates
<input type="text"/>	<input type="text"/>
Internship	Dates
<input type="text"/>	<input type="text"/>
Residency	Dates
<input type="text"/>	<input type="text"/>
Board Certification	Dates
<input type="text"/>	<input type="text"/>
Hospital Staff Membership	Dates

CONTINUE ON PAGE 2

EDUCATION AND CERTIFICATION INFORMATION *Continued...*

Licensures

List all licenses presently held:

A.) Narcotic License

Federal DEA: In effect:

Yes

No

If not in effect, when was
it revoked and why?

B.) State of Michigan Pharmacy License: Current Expiration Date:

Describe your practice/specialty:

Have you ever been suspended temporarily or permanently from the
staff of any hospital? If so, why and for how long?

Have you ever been convicted of a crime, other than minor traffic
violations, or lost your license to drive?

**Return application and \$150.00
Membership fee to:**

Western Michigan Osteopathic
Association
800 E. Ellis Road
Norton Shores, MI 49441

Signature of applicant:

Date: