

**Membership Form**  
**OKLAHOMA OSTEOPATHIC ASSOCIATION**  
4848 N. Lincoln Blvd. Oklahoma City, OK 73105-3335  
(405) 528-4848 or (800) 522-8379 - FAX (405) 528-6102  
[www.okosteo.org](http://www.okosteo.org) Email: [ooa@okosteo.org](mailto:ooa@okosteo.org)

(Please print or type entire form)

Name \_\_\_\_\_ D.O. \_\_\_\_\_  
(First name as called by peers)

Date of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_ Name of Spouse \_\_\_\_\_

Office Location \_\_\_\_\_  
(Street) (City) (State) (Zip)

Office Mailing Address \_\_\_\_\_  
(PO Box) (City) (State) (Zip)

Home Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Office Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Home Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

Fax # ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**PROFESSIONAL INFORMATION**

Nature of Practice (Circle One)

Administrative    College Faculty    Correctional Facility    Hospital    Intern    Military    Private Practice  
Public Health/Indian Health    Resident    Retired    Semi-Retired    Veterans Administration

Primary Specialty Category (i.e. Family Practice, Internal Medicine, etc) \_\_\_\_\_

Secondary Practice Category: (if applicable) \_\_\_\_\_

American Osteopathic Association (AOA) Number \_\_\_\_\_ Current AOA Member \_\_\_\_yes \_\_\_\_no

Are you a member of an Osteopathic Specialty College \_\_\_\_yes \_\_\_\_no If yes, which one(s) \_\_\_\_\_

Are you a Fellow of an Osteopathic Specialty College \_\_\_\_yes \_\_\_\_no If yes, which one(s) \_\_\_\_\_

AOA Board Certified \_\_\_\_yes \_\_\_\_no If yes, for which specialty \_\_\_\_\_

Allopathic Board Certified \_\_\_\_yes \_\_\_\_no If yes, for which specialty \_\_\_\_\_

**EDUCATION**

High School \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Graduation year \_\_\_\_\_

Pre-Med School \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Graduation year \_\_\_\_\_

Osteopathic College \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Graduation Year \_\_\_\_\_

Internship \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Graduation date \_\_\_\_\_

Residency \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Graduation date \_\_\_\_\_

Fellowship Training \_\_\_\_\_

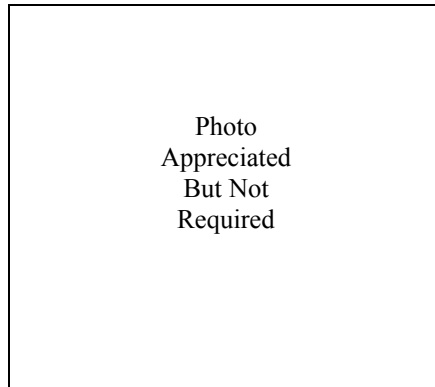
City \_\_\_\_\_ State \_\_\_\_\_ Completion date \_\_\_\_\_

**PRACTICE HISTORY**

Date \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Date \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Date \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_



\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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**FOR INTERNAL USE ONLY**

**Recommended by the OOA Bureau on Membership:**

Signature \_\_\_\_\_ Signature \_\_\_\_\_

(Please Print) \_\_\_\_\_ (Please Print) \_\_\_\_\_