



SAN DIEGO OSTEOPATHIC MEDICAL ASSOCIATION  
Phone: 619-3684504  
**MEMBERSHIP APPLICATION (RENEWAL) FOR 2022**

Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (Office): \_\_\_\_\_ Fax (Office): \_\_\_\_\_ E-Mail: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ College and Year of Graduation: \_\_\_\_\_

AOA Number: \_\_\_\_\_ California State License Number: \_\_\_\_\_

I am a member in good standing in the following organizations:

OPSC  
 AOA

CMA  
 AMA

SDCMS  
 Other: \_\_\_\_\_

Specialty: \_\_\_\_\_

Signature: \_\_\_\_\_

Are you willing to give a CME presentation this next year 2022? \_\_\_\_\_ Topic \_\_\_\_\_  
Are you willing to take Medical Students \_\_\_\_\_ Are you willing to have pre-meds shadow you for the day? \_\_\_\_\_

Email for receiving monthly newsletter: \_\_\_\_\_

What would topics would you like to hear presented? \_\_\_\_\_

Name of who Referred you: \_\_\_\_\_

Pay via our PayPal account: [paypal.me/SDOMA19](https://paypal.me/SDOMA19)  
OR

Enclosed is check for:  SDOMA Dues \$250.00

Military Dues \$185

Retired \$50

Osteopathic Student (no dues)

Osteopathic Intern/Resident (no dues)

**MAKE CHECK PAYABLE TO: SAN DIEGO OSTEOPATHIC MEDICAL ASSOCIATION**

**MAIL TO: SAN DIEGO OSTEOPATHIC MEDICAL ASSOCIATION: PO Box 1684  
Lakeside, CA 92040**