



2424 American Lane • Madison, WI 53704-3102
Phone: 608-441-1060 • Fax: 608-443-2474 • Website: www.koma.org

The Mission of the Kentucky Osteopathic Medical Association shall be to enhance the availability of quality healthcare in the Commonwealth of Kentucky and provide services to its members.

Join Online! 

If you would like to join online, visit the KOMA website and log into the members only section.
www.koma.org

Membership Application

Name: _____

Degrees: _____

Company: _____

Phone: _____

Address: _____

Fax: _____

This address is: Work Home

Email: _____

County: _____

Membership Fees*

Membership is based on a calendar year from January 1st - December 31st.

Please check one:

- Licensed Physician - \$400
- First Year in Practice - \$200
- Resident/Intern - \$50
- Osteopathic Student - \$25
- Retired Physician - \$50
- Out of State DO - \$50
- Associate Membership - \$50

Student Shadowing

Would you be willing to be a contact for Pre-Doctoral student shadowing and Medical

Student rotations?

- Yes No

Practice Type

- OB-GYN
- Family Practice
- Anesthesiology
- Emergency Medicine
- Pharmacist
- Radiology
- General Surgery
- Pain Management
- Psychiatry
- Other: _____

Contribution**

Please consider a contribution to the Student Presentation Fund.

- \$50 - Covers 1 Student
- \$100 - Covers 2 Student
- \$200 - Covers 4 Student
- Other: \$ _____

Payment

Renewal Fees: \$ _____
Contribution: \$ _____
Total: \$ _____

- Check or money order payable to KOMA
- Visa/Mastercard

Card Number: _____

Expiration Date: _____

Cardholder's Name: _____

Cardholder's Signature: _____

**A percentage of dues payments are deductible by members as an ordinary and necessary business expense. The organization estimates 2% of your annual membership dues is spent on lobbying expense and therefore nondeductible as a business expense. Please consult your tax consultant for further information.*

***Your contribution may be tax deductible. Please consult your tax advisor for more information.*

Please send completed application and fee to: KOMA - 2424 American Lane, Madison, WI 53704, USA

Credit card users may fax their application to: 608-443-2474

Questions? Please contact KOMA Membership Department at 608-441-1060.