



2810 Crossroads Drive, Suite 3800 • Madison, WI 53718-7961
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 providing 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

2010 Membership Application

Name: _____

Company/Affiliation: _____

Address: _____

This address is: ____ Work ____ Home

Phone: _____ Fax: _____

Email: _____

Practice Type: _____

Membership Fees

Membership is based on a calendar year from 1/1/2010 - 12/31/2010.

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

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.

Payment Methods

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

Card Number: _____

Expiration Date: _____

Cardholder's Name: _____

Cardholder's Signature: _____

Please send completed application and fee to: KOMA - 2810 Crossroads Drive, Suite 3800 - Madison, WI 53718-7961, USA
Credit card users may fax their application to: 608-443-2474
Questions? Please contact KOMA Membership Department at 608-441-1060.