

**2017**  
**LOMA MEMBER APPLICATION & CONTACT UPDATE FORM**  
**LOUISIANA OSTEOPATHIC MEDICAL ASSOCIATION**  
(Please update this with your new/current contact information)



LOMA dues year is Jan 1 – Dec 31

## Due on Receipt

**Your fee helps LOMA exist & operate.  
Paying your dues promptly will help!!!**

**Member Categories:**

- |                                                                               |             |
|-------------------------------------------------------------------------------|-------------|
| <input type="checkbox"/> Active DO (LA Practice or Academic)                  | \$325 _____ |
| <input type="checkbox"/> Active DO (1 <sup>st</sup> Year of Practice in LA)   | \$100 _____ |
| <input type="checkbox"/> Retired/Military/PH/VA (In-State)                    | \$175 _____ |
| <input type="checkbox"/> Out of State DO (Licensed in LA – no practice in LA) | \$200 _____ |
| <input type="checkbox"/> OMS/Intern/Resident/Fellow                           | \$25 _____  |
| <input type="checkbox"/> Associate (MD, NP, PA, RN, DO w/o LA license, PhD)   | \$150 _____ |
| <input type="checkbox"/> Admin/Technical Professional (Non-Provider)          | \$75 _____  |

Name \_\_\_\_\_ AOA # \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone# \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_ Cell# \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Home Fax # \_\_\_\_\_

Work Address \_\_\_\_\_ Work Phone# \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_ Work Fax # \_\_\_\_\_

Preferred Address for LOMA mail: Home \_\_\_\_ Office \_\_\_\_ Can you provide a CME lecture? Yes \_\_\_\_ No \_\_\_\_

Topics You Can Provide \_\_\_\_\_

Medical School \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Specialty \_\_\_\_\_ Degrees/Certifications \_\_\_\_\_

Secondary specialty, academic or other appointment, title, etc. \_\_\_\_\_

Can you accept patient referrals from the LOMA office? \_\_\_\_\_

The LOMA office receives frequent requests for OMT referral. Do you accept patients for OMT? \_\_\_\_\_

Practice type (group, individual, hospital-based, academic, etc) \_\_\_\_\_

May we refer applicants/students to you for help with observation or rotation? \_\_\_\_\_

**LOMA POLICY IS THAT NO PRIVATE INFORMATION IS PUBLICLY PROVIDED OR LISTED**

*I hereby agree to comply with the bylaws and policies of this association, the Code of Ethics of this profession, and all applicable laws of the State of Louisiana.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_ CHECK ENCLOSED    \_\_\_\_ CHECK TO FOLLOW    \$ \_\_\_\_\_ ENCLOSED    CHECK # \_\_\_\_\_

Enclose your check made payable to LOMA. **Don't forget to return this completed and signed application.**

Mail to: LOMA MEMBERSHIP, PO Box 110, Bienville, LA 71008

\_\_\_\_ PAYMENT BY CREDIT CARD\*:    \_\_\_\_ VISA    \_\_\_\_ MC    \_\_\_\_ DISCOVER

CARD # \_\_\_\_\_ EXP DATE \_\_\_\_\_ SECURITY CODE \_\_\_\_\_

NAME ON CARD \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_

ADDRESS FOR BILLING \_\_\_\_\_

\*Mail to the above address, Fax to 318-385-7934, or pay at our secure online site: [www.loma-net.org](http://www.loma-net.org)

Questions? Call Ed Williams @ 318-385-7943 or 601-622-2267 or email [ed@loma-net.org](mailto:ed@loma-net.org)