

2018
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 st 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 ____ AMEX

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

Questions? Call Ed Williams @ 318-385-7943 or 601-622-2267 or email ed@loma-net.org