AUXILIARY TO THE TEXAS OSTEOPATHIC MEDICAL ASSOCIATION
Membership Application for the New Millennium

NAME _____

ADDRESS _____

CITY, STATE, ZIP CODE _____EMAIL _____

SPOUSE'S FULL NAME _____

HOME PHONE _____WORK PHONE _____ FAX _____

OCCUPATION _____ D.O.B. _____

Please check <u>one</u> of the following membership categories:

_____ ($30) Regular A.T.O.M.A. Member
Member of an immediate family of a practicing osteopathic physician (2nd year of practice or more) <u>OR</u> spouse or immediate family member of a retired or deceased physician.

_____ ($30) Associate A.T.O.M.A. Member
Individual who chooses to support and promote the osteopathic profession, but is not eligible for regular membership.

_____ ($30) Physician A.T.O.M.A. Member
Osteopathic physician who chooses to support the Auxiliary.

_____ ($0) Life A.T.O.M.A. Member
Auxiliary member who has given outstanding service.
_____ Check here for application.

_____ ($0) Student/Intern/Resident Associate Auxiliary A.T.O.M.A. Member
Spouse of an osteopathic Student, Intern, Resident or Preceptor OR <u>in 1st year of practice</u>.

Please check below if you are interested in representing or serving on any of the following A.T.O.M.A. Committees:

_____ Membership	**_____ Guild**	**_____ Convention Program 1999**
_____ Scholarship	**_____ Supply**	**_____ Public Health/Education**
_____ Funds	**_____ Annual Report**	**_____ Student Associate Advisor**
_____ Public Relations	**_____ Convention**	**_____ Auxiliary**
_____ Yearbook	**_____ Credentials**	**_____ Golf Tournament**

_____ Enclosed please find my $30 check payable to A.T.O.M.A.
_____ I wish to pay my dues by credit card (VISA, MC, AMEX). Please bill the following:

Name on Card **Card Number** **Exp.**

_____ _____ _____

Signature: _____

Please return this form to the TOMA Office, 1415 Lavaca, Austin, TX, 78701.