

# Michigan Association of Osteopathic Family Physicians

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[www.maofp.org](http://www.maofp.org)

## APPLICATION FOR MEMBERSHIP

Status (Circle One):                      Certified FP                      FP

AOA#: \_\_\_\_\_ Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Fax: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

College: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Hospital Affiliate: \_\_\_\_\_

Self Employed or Hospital Employed? \_\_\_\_\_

Would you like to represent the MAOFP as a Delegate at the ACOFP convention in March? \_\_\_\_\_

Are you a member of the MOA? \_\_\_\_\_ Are you a member of the ACOFP? \_\_\_\_\_

Spouse name (if applicable): \_\_\_\_\_

Please submit this application along with your annual membership dues.  
\$50 – First Year in Practice  
\$100 – Active Practice for more than one year  
\$100 – Affiliate Member (M.D.'s, Nurses, Physician Assistants..)  
Checks should be made payable to the "MAOFP"

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**Applicant's Signature**

**Date**