COLORADO
SOCIETY OF OSTEOPATHIC MEDICINE

Membership Application

(please type or print clearly and complete as much information as possible)

NAME _____ ☐ MALE ☐ FEMALE
first middle last title

OFFICE _____ D.O.B. _____
street address city state/zip mm/dd/yyyy

HOME _____ AOA # _____
street address city state/zip

PHONE _____ FAX _____ CO LICENSE # _____

EMAIL _____

MARITAL STATUS _____ SPOUSE'S NAME _____

Preferred mailing address: ☐ Office ☐ Home

Please check one:

☐ Private Practice ☐ Resident/Fellow ☐ Intern ☐ Student

☐ Faculty/Hospital ☐ Military ☐ Academic Faculty

LIABILITY INSURANCE _____

OSTEOPATHIC MEDICAL SCHOOL _____ Year Completed? ☐

INTERNSHIP _____ Year Completed? ☐

RESIDENCY _____ Year Completed? ☐

FELLOWSHIP _____ Year Completed? ☐

YEAR STARTED PRACTICE _____ SPECIALTY _____ CERTIFICATION YEAR _____

By my signature, I authorize release of the information contained in this application and membership file to those organizations or hospitals to whom I may subsequently apply for membership, and the release to CSOM by organizations and hospitals of information relative to my membership in those organizations.

I agree to practice, comply, and govern my conduct in accordance with the Code of Ethics of CSOM and AOA and such other standards of conduct and practice ethics adopted by the Society.

SIGNATURE _____ DATE _____

➔ See other side for dues schedule. ➔

Membership Categories & Annual Fees

☐ Regular member	$ 395.00
☐ Preceptor	300.00
☐ 2nd year in practice after residency	160.00
☐ 1st year in practice after residency	80.00
☐ Part-time *(must provide proof from insurer)*	225.00
☐ Retired or Military	75.00
☐ Associate member *(out-of-state)*	295.00
☐ Intern/Resident/Fellow	Complimentary

Q1: Are you interested in being a Preceptor? ☐ YES ☐ NO

Q2: Are you interested in allowing students to shadow you? ☐ YES ☐ NO

Payment Method:

☐ Visa ☐ MC ☐ DISCOVER or Check # _____

CREDIT CARD # _____ EXP. DATE _____ CVV _____

NAME ON CARD _____ SIGNATURE _____
please print

Return completed application to:

Colorado Society of Osteopathic Medicine
c/o Laura L Folsom
2205 W 136thAve, Ste 106 Box #349
Broomfield, Co 80023

Phone: 720-550-6936

www.coloradoDO.org email: infocodomed@gmail.com