



MICHIGAN ASSOCIATION OF
OSTEOPATHIC FAMILY PHYSICIANS

Membership Application

Complete renewal online at www.maofp.org or return the following completed form.

MEMBER TYPE (check one):

- Active Physician (\$195)
- Associate/Affiliate – FP outside Michigan or other degreed healthcare professional (\$195)
- Retired Physician (\$97.50)
- Past President (\$97.50)
- First Year Physician (\$50)
- Resident (\$25)
- Osteopathic Medical Student (\$0)

Status (check one): Certified FP FP N/A Other: _____

First Name: _____ Last Name: _____

Degrees/Credentials: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

AOA #: _____ Birthdate: _____

College: _____ Date of Graduation: _____

Hospital Affiliation: _____

Student/Residency Year (1-4), if applicable: _____

METHOD OF PAYMENT:

Check (payable to MAOFP) Check #: _____

Credit Card (circle one): American Express Discover MasterCard Visa

Credit Card Number _____ Exp. Date _____ CVV Code: _____

Name on Credit Card (If different than above): _____

Billing Address (If different than above): _____

City: _____ State: _____ Zip Code: _____

Phone Number: (____) _____

Please submit application and payment (if applicable) to the address below.

Michigan Association of Osteopathic Family Physicians

2501 Jolly Road, Suite 110, Okemos, MI 48864

Phone: (517) 253-8037 Fax: (517) 220-2969

info@maofp.org

www.maofp.org