

HAWAII ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS

2012 MEMBERSHIP APPLICATION

PLEASE PROVIDE ALL APPLICABLE INFORMATION (*REQUIRED)

BoardAction _____

DEMOGRAPHIC INFORMATION

* Name: _____

*Preferred _____

Mailing Address: _____

* Street Address: _____

* City, State, Zip: _____

* Phone: _____ Fax: _____

* E-Mail: _____ Date of Birth: _____

AOA Number: _____ Hawaii License #: _____

PRACTICE STATUS

Private Practice Resident/Fellowship Government or Military

Faculty or Hospital Internship Other (detail): _____

*Medical School & Graduation Date: _____

*Internship & Year Completed: _____ *Residency & Year Completed: _____

AOA Board Certified in: _____ ABMS Board Certified in: _____

*Area of Practice: _____

Other Professional Degree(s): _____

*Do you currently have an unrestricted license to practice medicine in the state listed in your address? "Yes" "No"

*Has your license ever been suspended or revoked? (If yes, please provide details separately.) "Yes" "No"

*Have you ever been convicted of a felony offense? (If yes, please provide details separately.) "Yes" "No"

By my signature, I authorize release of the information contained in this application and membership file to those organizations or hospitals to which I may subsequently apply for membership, and the release to HAOPS 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 HAOPS and AOA and such other standards of conduct and practice ethics adopted by the Association.

Signature _____ Date _____

I AM APPLYING FOR:		
DO Member	<input type="checkbox"/> \$100.00	
Associate (DO's residing out-of-state)	<input type="checkbox"/> \$100.00	
Military	<input type="checkbox"/> Free	\$0
Friend of HAOPS	<input type="checkbox"/> \$100.00	
Academic (Student, Resident, or Intern)	<input type="checkbox"/> Free	\$0
TOTAL PAYMENT DUE \$		

Please make checks payable to HAOPS and send to Terri Kakugawa, DO at 91-1034 Nanahu St., Kapolei, HI 96707