



2010 SCOMS MEMBERSHIP APPLICATION

South Carolina Osteopathic Medical Society • 142 E. Ontario, 4th Fl. • Chicago, IL 60611 • 312-202-8104 •
southcarolina@osteopathic.org • www.scdos.org

PLEASE SELECT YOUR MEMBERSHIP CATEGORY: NEW MEMBER RENEWAL

- | | | | |
|------------------------------------|-------|---|------|
| <input type="checkbox"/> Physician | \$200 | <input type="checkbox"/> Out of State Physician/Associate | \$50 |
| <input type="checkbox"/> Military | \$100 | <input type="checkbox"/> Resident | FREE |
| <input type="checkbox"/> Retired | \$50 | <input type="checkbox"/> Student/Intern | FREE |

DEMOGRAPHIC INFORMATION:

Name: _____ Degree: _____
Preferred Contact Address: Home Work _____

City, State, Zip _____
Phone: _____ Email: _____

EDUCATION INFORMATION:

Medical School: _____ Graduation Year: _____
Specialty: _____ Secondary Specialty: _____
Do you offer OMT? Yes No _____
Practice Type: _____
Do you accept students for rotations/preceptorships? Yes No _____

ADDITIONAL INFORMATION:

Do you hold a South Carolina medical license? Yes No Since (year): _____
If no, please explain: _____
Has your license ever been suspended or revoked? Yes No _____
If yes, please explain: _____
Have you ever been convicted of a felony? Yes No _____
If yes, please explain: _____

Will you comply with the bylaws of SCOMS, Osteopathic Code of Ethics, and all laws of the State of South Carolina? Do you verify, to the best of your knowledge, that all the information is true and correct and that your license is in good standing? If yes, please sign this application and return with the appropriate membership dues.

Signature _____ Date _____

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