



MEMBERSHIP APPLICATION & RENEWAL

Check the type of Membership:

Effective July 1, 2024

- | | |
|---|----------------------------|
| <input type="checkbox"/> Physician | \$175 or \$395 for 3 years |
| <input type="checkbox"/> Retired | \$140 |
| <input type="checkbox"/> Military | \$140 |
| <input type="checkbox"/> Out-of-State Physician | \$90 |
| <input type="checkbox"/> Associate | \$90 |
| <input type="checkbox"/> Resident | \$50 |
| <input type="checkbox"/> Student / Intern | \$30 |

Payment Type:

- | |
|--|
| <input type="checkbox"/> Check (made payable to SCOMS) |
| <input type="checkbox"/> Credit Card |
| <input type="checkbox"/> Online (www.scdos.org/join) |

Date: _____

Name _____

AOA # _____

Home Address _____

Home Phone _____

Work Address _____

Work Phone _____

Email _____

Cell Phone _____

Preferred Mailing Address:

- Home Work
 Other (please list): _____

Education:

Medical School _____

Graduation Year _____

Specialty _____

Secondary Specialty _____

Board Certification(s) _____

Do you offer OMT? _____

Practice Type _____

Do you accept students for rotations/preceptorships? _____

Other:

Do you hold a South Carolina medical license? Yes No If "Yes," since what 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 information is true and correct and that your license is in good standing? If yes, please sign this application and submit with the appropriate membership dues.

Signature: _____

Apply and pay online at www.scdos.org/members/join or send check payable to SCOMS with completed application to:

South Carolina Osteopathic Medical Society, 350 Howard Street, Spartanburg SC 29303