

STUDENT MEMBERSHIP APPLICATION



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(Applications will be returned if not legible.)

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Current Mailing Address _____

(City)

(State)

(Zip)

Email Address _____

Osteopathic Medical School _____ Class Year _____

Gender __M__F

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AOA# _____ Congressional District # _____ State Legislative District # _____

Birthdate _____ Spouse's Name _____

Pre-Medical College _____ Degree _____ Year _____

_____ I am willing to serve as an e-mentor for a premed student. (All communication is done by email.)

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