

# STUDENT TO POSTGRADUATE CHANGE REQUEST



Date of Application \_\_\_\_\_

Name \_\_\_\_\_

Current Home Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

City, State, Zip \_\_\_\_\_ County \_\_\_\_\_

Address of Current Training \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Preferred Mailing Address : \_\_\_\_\_ Home \_\_\_\_\_ Training Program \_\_\_\_\_

Preferred Email Address \_\_\_\_\_

Secondary Email Address \_\_\_\_\_

AOA # \_\_\_\_\_ Congressional District # \_\_\_\_\_ Legislative District # \_\_\_\_\_

Birthdate \_\_\_\_\_ Gender \_\_\_\_\_

## Training

Osteopathic Medical School \_\_\_\_\_ Grad Year \_\_\_\_\_

Residency Program \_\_\_\_\_ Completion Year \_\_\_\_\_

Internship Program \_\_\_\_\_ Completion Year \_\_\_\_\_

Fellowship Program \_\_\_\_\_ Completion Year \_\_\_\_\_

Specialty \_\_\_\_\_

**Please change my WOMA membership status from Student to PostGraduate**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Scan and send application to [hgriffin@woma.org](mailto:hgriffin@woma.org) or submit to  
PO Box 1187/Gig Harbor, WA 98335 (email preferred)

**Questions?** Please contact us at **425-677-3930** or you can email [executivedirector@woma.org](mailto:executivedirector@woma.org).