

We Welcome You to Join!

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IDAHO
OSTEOPATHIC
PHYSICIANS
ASSOCIATION

WHY BECOME A MEMBER?

- REPRESENTS OSTEOPATHIC MEDICINE AT THE AOA HOUSE OF DELEGATES AND THE CAPITOL ON BEHALF OF IDAHO OSTEOPATHIC PHYSICIANS AND STUDENTS
- 50+ HOURS OF AFFORDABLE CONTINUING MEDICAL EDUCATION (CME) IN IDAHO WITH DISCOUNTS ON REGISTRATION FOR MEMBERS
- ASSISTS AND SUPPORTS MEMBERS' NEEDS, SUCH AS:
 - HELPING PRACTICES OBTAIN APPROPRIATE REIMBURSEMENT FOR SERVICES
 - ACCOMMODATING PHYSICIANS' SCHOLARLY ACTIVITY REQUIREMENTS
 - COUNSELING FOR STUDENTS ABOUT OSTEOPATHIC MEDICINE
 - NOTIFYING AND COUNSELING FOR IMPLEMENTATION OF NEW PROCEDURES AND CHANGES WITHIN THE AOA.
 - NETWORKING OPPORTUNITIES WITH FELLOW MEMBERS AND PREFERRED PARTNERS

MEMBERSHIPS ALLOW US TO SERVE AND SUPPORT YOU. WE WOULD NOT BE ABLE TO PROVIDE THESE SERVICES WITHOUT OUR LOYAL MEMBERS. THE OSTEOPATHIC WORLD IS GROWING RAPIDLY IN IDAHO. THE MORE MEMBERS WE HAVE IN OUR STATE, THE STRONGER YOUR VOICE IS ON THE NATIONAL PLATFORM. HELP US TO BEST SERVE THE OSTEOPATHIC COMMUNITY BY JOINING US AND BECOMING A MEMBER TODAY!

YOU MAY FILL OUT THE MEMBERSHIP FORM ATTACHED TO THIS LETTER AND FOLLOW THE MAILING INSTRUCTIONS OR YOU MAY APPLY FOR YOUR MEMBERSHIP ONLINE

PROUD PROMOTORS AND ENDORSERS OF



DISCOUNTS ON MEMBERS' HEALTHCARE LIABILITY NEEDS NOW AVAILABLE THROUGH OUR **NEW** AFFINITY PROGRAM WITH



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I D A H O
O S T E O P A T H I C
P H Y S I C I A N S
A S S O C I A T I O N

c/o Suzanne Frederick | Executive Director
13526 West Telemark Street | Boise, ID 83713
208-890-6327

2018 - 2019 Membership Dues

For membership / renewal in the Idaho Osteopathic Physician Association please complete the form below. Remit this form with a check or credit card information payable to the IOPA for **\$375.00** to the above address.

Physician - \$375.00 | Student/Resident - \$10.00 | Out-of-State Physician \$100.00

IOPA Members receive discounts at IOPA Annual CME Meetings and now have access to discounts on Medical Professional Liability through our Affinity Program with ISMIE!

I would like to learn more about the IOPA-ISMIE Affinity Program!

YES NO

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| <input type="checkbox"/> | <input type="checkbox"/> |
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Name:

Clinic:

Address:

City:

State:

Zip:

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Work Phone:

Work Fax:

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AOA # (for AOA CME Credit)

Email:

Office Manager/Administrator:

Home Address:

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City:

State:

Zip:

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Personal Phone:

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Credit Card information (MC / Visa only):

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AMOUNT DUE: _____

Name on card: _____

Card Number _____ Exp. Date _____

3 digit security code _____ (located on the back of the card)

Signature _____

To email this form: suzie.fred@hotmail.com
(Suzanne Frederick, MSN – Executive Director)

I would like to be a preceptor for medical students

YES NO

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| <input type="checkbox"/> | <input type="checkbox"/> |
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Please check our website for updates:

www.idosteopathicphysicians.org