



**ATOMA MEMBERSHIP FORM 2013**

Complete the form below and return it to the TOMA office at the address below. Note: Payments are now separate from TOMA payments, so please make your checks out to ATOMA if paying by check. Thanks!

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
EMAIL \_\_\_\_\_  
PHONE (HOME) \_\_\_\_\_ (CELL) \_\_\_\_\_

**You can make a significant contribution to our efforts with just a small amount of time!**

Please check your area of interest in any of the following ATOMA Committees:

- Membership
- Conventions: Annual/Mid-Winter
- Scholarship
- Public Health/Education
- Fundraising
- Student Associate Advisor
- Public Relations
- Golf Tournament

Please check one of the following membership categories:

- Regular A.T.O.M.A. Member (\$30)
- Physician A.T.O.M.A. Member (\$30)
- Student Advocate Association Member (\$15)

I would like to support the ATOMA with a donation to the following:

- Osteopathic student scholarship
- Student Advocates Association
- Linda's Way Colorectal Cancer Prevention Project
- Other

TOTAL ENCLOSED \$ \_\_\_\_\_

- Enclosed check payable to **ATOMA**
- I wish to charge this to my credit card (VISA, MC, AMEX). Please bill the following:

Name on the card \_\_\_\_\_ Card Number \_\_\_\_\_ Security Code \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature: \_\_\_\_\_

**ATOMA is a non-profit organization. Your contributions may be tax deductible.**

**Please make your checks out to ATOMA and MAIL to:  
TOMA, 1415 Lavaca, Austin, TX, 78701 OR FAX (512.336.1238)**