



CALIFORNIA  
S T A T E  
O R I E N T A L  
M E D I C A L  
A S S O C I A T I O N

# CSOMA MEMBERSHIP APPLICATION

California State Oriental Medical Association (CSOMA)  
PO Box 7775 #68552  
San Francisco, California 94120-7775  
800.477.4564 [voice/fax]  
info@csomaonline.org [email] • csomaonline.org [web]

Rev. 07/17

Thank you for your interest in becoming a member of the California State Oriental Medical Association (CSOMA).

**Please complete all areas of this application to ensure timely processing. Print or type all information.**

**If another member referred you, please let us know who they are:** \_\_\_\_\_

## CONTACT INFORMATION

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
First Middle Last Title(s)

**Primary Office** Send mail to (check one):  Primary office  Residence

Business Name \_\_\_\_\_

Street Address \_\_\_\_\_

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

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_ Website \_\_\_\_\_

**Residence**

Street Address \_\_\_\_\_

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

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_ Mobile Phone (\_\_\_\_) \_\_\_\_\_

## BIOGRAPHICAL

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Titles and Degrees \_\_\_\_\_  
Month Day Year

Trained at: \_\_\_\_\_ Graduation Date (or Anticipated) \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
School Name City, State

License Status (check one):  Valid  Expired  Suspended / Revoked  Pending  Student

State: \_\_\_\_ License #: \_\_\_\_\_ Issue Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Expire Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Have you ever held an acupuncture license that has been revoked, suspended, or restricted in any way?  Yes  No

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever had any disciplinary action taken against you?  Yes  No

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(application continues on reverse side)

# CSOMA MEMBERSHIP APPLICATION

Name: \_\_\_\_\_

First

Last

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## MEMBERSHIP

**Current Membership Status:**  New member  Renewing member  Reactivating member (Expired)

**Active (Voting) Memberships:**

Golden Phoenix	<input type="checkbox"/> \$1200 annual	<input type="checkbox"/> \$100 monthly
Jade Circle	<input type="checkbox"/> \$600 annual	<input type="checkbox"/> \$50 monthly
3 <sup>rd</sup> + Year of Licensure	<input type="checkbox"/> \$350 annual	<input type="checkbox"/> \$32 monthly
2 <sup>nd</sup> Year of Licensure	<input type="checkbox"/> \$250 annual	<input type="checkbox"/> \$24 monthly
1 <sup>st</sup> Year of Licensure	<input type="checkbox"/> \$145 annual	<input type="checkbox"/> \$14 monthly

**Associate (Non-voting) Memberships:**

Educational Inst. / Merchant	<input type="checkbox"/> \$500 annual
Medical/Healthcare Assoc.	<input type="checkbox"/> \$250 annual
Out-of-State Licensee	<input type="checkbox"/> \$150 annual
Public Member	<input type="checkbox"/> \$75 annual
Student Member	<input type="checkbox"/> \$35 annual
Retired	<input type="checkbox"/> \$50 annual

**Friend of CSOMA (Non-member):**  \$1,000  \$500  \$100  \$25  \$\_\_\_\_\_ (other)

*Membership Notes:* **Active Membership** is available to practitioners who are currently licensed to practice acupuncture by the California Acupuncture Board. **Student Membership** is available to anyone who is engaged in a full-time education program that is at least one academic year's duration and is approved by the California Acupuncture Board. (Doctoral programs do not currently qualify.) **Medical/Healthcare Associate Membership** is available to any licensed health care provider who is not currently licensed to practice acupuncture. **Out-of-State Membership** is available to any practitioner who is licensed to practice acupuncture who practices and resides outside of California. **Retired Membership** is available to any active Professional Member in good standing who no longer earns income as a practitioner of any activity for which a license to practice acupuncture is required. A full or partial waiver of membership dues is available to any prospective or current member of CSOMA who is experiencing a severe financial hardship—including disability, catastrophe, parental leave, or medical illness; To be considered for a dues waiver, an applicant must complete a Request for Waiver of Membership Dues along with this application.

## PAYMENT METHOD

*Check or Money Order*

Check or money order for the full annual dues amount is enclosed.

*Credit Card*

- Bill my credit card for the full annual dues amount indicated above.
- Bill my credit card for the monthly dues amount indicated above until I notify CSOMA in writing to cancel rebilling.

*Credit Card Information*

- Visa / MasterCard
- American Express

Account #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name As It Appears On Card: \_\_\_\_\_

Zip Code of Billing Address: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

## APPLICANT SIGNATURE

*I hereby attest to the accuracy of the foregoing information and apply for membership in the California State Oriental Medical Association.*

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**APPLICATION INSTRUCTIONS:** Your completed application must be mailed or faxed to the address or fax number shown on the first page of this form along with the dues payment indicated. Membership begins on the first day of the month following approval of your application.

Please Note: Dues are not deductible as charitable contributions for income tax purposes. Dues may be considered ordinary and necessary business deductions. Consult with your tax advisor in making this determination. As a result of CSOMA's lobbying activities, the percentage of dues that may be deducted as an ordinary and necessary business expense is subject to restriction. CSOMA estimates the nondeductible percentage of your dues payment to be 15%.

Contributions to the CSOMA Political Action Committee (PAC) must be made by separate check payable to "CSOMA AcuPAC" and can only be accepted from United States citizens.