



**COMMISSIONED OFFICERS ASSOCIATION  
OF THE U.S. PUBLIC HEALTH SERVICE**

Commissioned Officers Association of the USPHS

COA PO Box 189  
Cheltenham, MD 20623

301-731-9080

[www.coausphs.org](http://www.coausphs.org)

## COMPLIMENTARY APPLICATION FOR NEWLY COMMISSIONED OFFICERS

LAST NAME, FIRST, MI.

PHS GRADE/RANK

STREET ADDRESS

CITY, STATE, ZIP

MOBILE PHONE

PERSONAL EMAIL

WORK EMAIL

OBC CLASS #

### SELECT APPLICABLE CATEGORY:

DENTIST

DIETITIAN

ENGINEER

ENVIRONMENTAL HEALTH

HSO

NURSE

PHARMACIST

PHYSICIAN

SCIENTIST

THERAPIST

VETERINARIAN

### PLEASE COMPLETE:

BIRTHDATE

ACTIVE DUTY                      YES      NO

DATE OF COMMISSIONING

**I am interested in a complimentary (no cost) membership in COA which will remain active through 6/30/2024.**  
(The COA fiscal year runs July 1 - June 30).

**NOTE:** This application is for National COA Membership; if interested in affiliating with a COA Local Branch to participate in Local Branch activities, members may affiliate following confirmation of National COA membership at [www.coausphs.org](http://www.coausphs.org), your **Member Log-in**. Local Branch dues vary from \$0 to 20 annually. Affiliation with a Local Branch is optional.

Questions? Contact Membership at [coamembership@coausphs.org](mailto:coamembership@coausphs.org)