



PENNSYLVANIA ORTHOPAEDIC SOCIETY APPLICATION FOR MEMBERSHIP

Name: _____ Home Address: _____
Title (MD, DO): _____ City, State, Zip: _____
Bus/Org Name: _____ Home Phone: _____
Bus Address: _____ Spouse Name: _____
City, State, Zip: _____ Date of Birth: _____
Email: _____ PA License No: _____ Year Obtained: _____
Bus Phone: _____ Medical Education No.: _____
Bus Fax: _____ MD/DO Degree From: _____ Year Obtained: _____
Office Manager: _____ Primary Specialty: _____
Office Manager Email: _____ Residency Training: _____
County of Practice: _____ Month/Year Began: _____ Month/Year Completed: _____
Board Certified by American Board Orthopaedic Surgery Yes No Fellow of American Academy of Orthopaedic Surgeons Yes No

Board Certified by American Osteopathic Board of Orthopedic Surgery Yes No

Practice since Residency: _____

Type of Membership:

- Active** → *Eligibility Requirements:* Must be a doctor of medicine or osteopathy with a practice in the Commonwealth of Pennsylvania under a full and unrestricted license to so practice; be a graduate of an ACGME or AOA approved institution, or have passed an equivalency examination if graduated from a school outside of the United States; have completed a residency program at an ACGME or AOA approved institution, demonstrate continued adherence to the Principles of Medical Ethics as published by the American Medical Association, or AOA Code of Ethics as may be applicable to the practitioner; maintain the highest professional, moral and ethical standards of his community; comply with the dues, fees and assessment requirements established from time to time by the Board of Directors of the Society; and have practiced within the Commonwealth of Pennsylvania for at least two years. (Residence requirements may be waived for certified orthopaedic surgeons who have transferred into the Commonwealth of Pennsylvania and who show evidence of full-time medical service in the federal government which does not require licensure.) **Dues: \$400**
- Associate** → *Eligibility Requirements:* Those orthopaedic surgeons who otherwise qualify for active membership status except for the completion of the two-year practice requirement in the Commonwealth of Pennsylvania. **Dues: \$400**
- Resident/Fellow** → *Automatic Member, See Below: No Dues*

ACTIVE AND ASSOCIATE APPLICANTS:

I certify that I have completed the training and practice requirements in the category for which I have applied. No restrictions have been placed upon my practice privileges in the Commonwealth of Pennsylvania.

Signature: _____ Date: _____

I understand that by providing my mailing address, email address, telephone number, and fax number above, I consent to receive communications via regular mail, email, telephone, and/or fax on behalf of the Pennsylvania Orthopaedic Society and the Pennsylvania Orthopaedic Society Political Action Committee.

Signature: _____ Date: _____

Please note that the Revenue Reconciliation Act of 1993 states that association dues used for lobbying activities are not deductible as a business expense. As a result 35% of POS membership dues cannot be deducted as a business expense for feral income tax purposes.

RESIDENT/FELLOWS:

All orthopaedic residents/fellows in the state of Pennsylvania are considered members of the Pennsylvania Orthopaedic Society. You must be a doctor of medicine or osteopathy currently enrolled ACGME or AOA approved residency or fellowship program in orthopaedic surgery. If you would like to provide the following information to ensure you are receiving all the member benefits, please do so.

Institution: _____ Projected Graduation Date: _____

Membership pending Board approval; Active and Associate applicants must include first year membership dues in the amount of \$400 with application. Please attach check payable to "POS" or provide credit card information below:

VISA/MC/AMEX number: _____ Expires: _____ CV# on back of card: _____

**Mail or fax your completed application with dues payment to:
Membership Chairman, Pennsylvania Orthopaedic Society, 510 North Third St, 3rd Floor, Harrisburg, PA 17101-1111
Phone: 888/772-7900 FAX: 717/909-8906 or apply on-line at www.paorthosociety.org/membership/**