



# MEMBERSHIP APPLICATION

Name: \_\_\_\_\_ Title (MD, DO, PA, etc.): \_\_\_\_\_ Home Address: \_\_\_\_\_

Business/Org Name: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Business Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ PA License No: \_\_\_\_\_ Year Obtained: \_\_\_\_\_

Email: \_\_\_\_\_ MD/DO Degree From: \_\_\_\_\_ Year Obtained: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_ Sub-specialty (if applicable): \_\_\_\_\_

Practice Manager: \_\_\_\_\_

Practice Manager Email: \_\_\_\_\_

Fellow of American Academy of Orthopaedic Surgeons:  Yes  No  
Board Certifications  
American Academy of Orthopaedic Surgery:  Yes  No  
American Osteopathic Board of Orthopaedic Surgery:  Yes  No

**See reverse for membership category requirements.**

### Type of Membership applying for: *(check one)*

- Active** – Annual dues \$450
- Associate** – Annual dues \$450
- Advanced Practice Provider** – Annual dues \$225
- Non-Orthopaedic Physician** – Annual dues \$450
- Resident/Fellow** – Annual dues \$0

Attach check payable to "POS" or pay with credit card

VISA/MC/AMEX number: \_\_\_\_\_

Expires \_\_\_\_\_ CV Code: \_\_\_\_\_

Mail or fax your completed application with dues payment to:  
**Pennsylvania Orthopaedic Society**  
**510 North Third St, 3<sup>rd</sup> Floor, Harrisburg, PA 17101-1111**  
Email: [maher@paorthosociety.org](mailto:maher@paorthosociety.org)  
Phone: 717.909.8901 FAX: 717.909.8906  
or apply on-line at [www.paorthosociety.org](http://www.paorthosociety.org)

### ACTIVE, ASSOCIATE, APP and NON-ORTHOPAEDIC PHYSICIAN APPLICANTS:

I certify that I have completed the training and practice requirements in the category for which I have applied. No restrictions have been place 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 federal income tax purposes.*

### RESIDENT and FELLOW APPLICANTS:

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 in an ACGME or AOA approved residency or fellowship program in orthopaedic surgery.

Institution: \_\_\_\_\_ Projected Graduation Date: \_\_\_\_\_



## Membership Category Eligibility Requirements

### Active

Doctor of medicine or osteopathy with a practice in the Commonwealth of Pennsylvania under a full and unrestricted license to so practice; graduate of an ACGME or AOA approved institution, or have passed an equivalency examination if graduated from a school outside of the United States; 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: \$450**

### Associate

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: \$450**

### Advanced Practice Provider

Field of interest is related to orthopaedic medicine or surgery (physician assistant or physical therapist, nurse practitioner, orthopedic registered nurse certified, orthopaedic technologist). He/she must be practicing in the Commonwealth of Pennsylvania under a full and unrestricted license to so practice; certified by the appropriate certifying body National Commission on Certification of Physician Assistants, American Nurses Credentialing Center, or American Academy of Nurse Practitioners Certification Program for affiliate advanced practice provider designation. **Dues: \$225**

### Non-Orthopaedic Physician

Field of interest and expertise compliments the body of knowledge of Orthopaedics. He/she must be a doctor of medicine or of osteopathy with a practice in the Commonwealth of Pennsylvania under a full and unrestricted license to so practice; graduate of an ACGME approved medical school, AOA approved school of osteopathic medicine, or have passed an equivalency examination if applicant has graduated from a medical school or school of osteopathic medicine outside of the United States; completed a residency program in a related field of medicine or surgery at an ACGME or AOA approved institution; demonstrate continued adherence to the Principles of Medical Ethics as published by the AMA, or AOA Code of Ethics as may be applicable to the practitioner; practiced as a physician within the Commonwealth of Pennsylvania for at least 22 months, with 12 consecutive months in a single locality. **Dues: \$450**

### Resident/Fellow

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 in an ACGME or AOA approved residency or fellowship program in orthopaedic surgery. **No Dues**