



# VIRGINIA ORTHOPAEDIC SOCIETY

## MEMBERSHIP APPLICATION

2209 Dickens Road, Richmond VA 23230-2005  
Phone: 804-282-0063 • Fax: 804-282-0090 • Email: vos@societyhq.com • www.vos.org

PLEASE TYPE OR PRINT LEGIBLY

Date: \_\_\_\_\_  MD  DO  Other \_\_\_\_\_

Name: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*Last First Middle*

Mailing Address: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
*Street or P.O. Box City State Zip*

Billing Address: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
*Street or P.O. Box City State Zip*

Telephone (Day): \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Medical School: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Date & Location of: Internship: \_\_\_\_\_ End Date: \_\_\_\_\_  
Residency \_\_\_\_\_ End Date: \_\_\_\_\_  
Fellowship \_\_\_\_\_ End Date: \_\_\_\_\_

Practice Focus: \_\_\_\_\_

Practice Setting: \_\_\_\_\_ Solo Private \_\_\_\_\_ Group Private \_\_\_\_\_ Multi-Specialty Private \_\_\_\_\_ Academic \_\_\_\_\_ Military

Hospital Privileges: \_\_\_\_\_

Licensure: State or Province \_\_\_\_\_ Year Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Year Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Has license to practice medicine ever been suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, attach explanation)

Certification by American Board of Orthopaedic Surgeons: Yes \_\_\_\_\_ No \_\_\_\_\_ Year: \_\_\_\_\_

Board Eligible: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ If "yes", when will you take the examination? (year) Part I \_\_\_\_\_ Part II \_\_\_\_\_

Year Entered Practice: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

### Membership Categories (Please check appropriate box)

\_\_\_\_\_ Active - An Active member in the Virginia Orthopaedic Society shall be certified by the American Board of Orthopaedic Surgeons and shall reside or maintain an office and practice orthopaedic surgery in Virginia. Active members have all rights and privileges in the VOS and may be elected to serve as officers or directors of the Society. Member dues: \$195

\_\_\_\_\_ Associate - An Associate member shall be "Board Eligible" in orthopaedic surgery. An Associate Member also may be an individual who is in the US Armed Forces and is engaged in the practice of orthopaedic surgery within any of the military medical installations in Virginia. An Associate Member shall have the right to vote and hold office in the Society. Member dues: \$195

\_\_\_\_\_ Associate Resident or Fellow - Currently enrolled in an approved residency or fellowship program in orthopaedic surgery at an accredited medical school in Virginia. Associate Resident/Fellow Members pay no annual dues. Member dues: No fee

I certify that I meet the above criteria established for the category of membership for which I am applying and authorize the VOS to verify the accuracy of information provided.

Signature of Applicant: \_\_\_\_\_

### Payment Options

Active Membership: \$195  Associate Membership: \$195  Associate Resident/Fellow: No fee  
Please charge my payment to (check one):  Amex  Master Card  Visa NO DEBIT CARDS ACCEPTED

Name on Card (print) \_\_\_\_\_ Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_ Signature \_\_\_\_\_

**The Virginia Orthopaedic Society is an Internal Revenue Code Section 501(c) 6 organization. Dues are not deductible as charitable contributions, but a percentage may be deductible as business expenses.**