



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 of application _____

First Name _____ Last Name _____ MI _____ Degree/Title _____

Male Female Preferred Contact Address Mailing Billing Date of Birth (mm/dd/yyyy) ____/____/____

Mailing Address _____ Billing Address _____

Address _____ Address _____

City _____ City _____

State/Country _____ State/Country _____

Zip/Postal Code _____ Zip/Postal Code _____

Phone _____ Fax _____ Phone _____ Fax _____

E-Mail: _____ E-Mail: _____

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 category)

_____ **Active** - An Active member in the Virginia Orthopaedic Society shall be certified by the American Board of Orthopaedic Surgeons or the American Osteopathic Board of Orthopaedic Surgery 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: \$300

_____ **Associate (A)** - An Associate (A) member shall be "Board Eligible" in orthopaedic surgery. An Associate (A) Member shall have the right to vote and hold office in the Society. Member dues: \$300

_____ **Associate (B) Member** - An Associate (B) member 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 (B) Member shall have the right to vote and hold office in the Society. Member dues: \$225

_____ **Associate (C) Member** - An Associate (C) Member shall be a physician, non-orthopaedic surgeon with an interest in musculo-skeletal care. An Associate (C) member will have no vote and will not hold office in the Society. Member dues: \$175

_____ **Associate (D) Member** - An Associate (D) member shall be a Physician Assistant or licensed Nurse Practitioner with an interest in orthopaedic surgery. An Associate (D) member must have an established relationship with and be sponsored by a current VOS active member. An Associate (D) member will have no vote and will not hold office in the Society. Member dues: \$175

Required Sponsor Name: _____ Signature: _____

_____ **Associate (E) Member** - As Associate (E) member shall be an orthopaedic practice administrator or manager. An Associate (E) member must have an established relationship with and be sponsored by a current VOS active member. An Associate (E) member will have no vote and will not hold office in the Society. Member dues: \$100 Dues are free for group bill practice administrators who have all practicing orthopaedic surgeons as members of the society.

Required Sponsor Name: _____ Signature: _____

_____ **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. Application fee: \$10

_____ **Associate Medical Student** - Currently enrolled in an accredited medical school in Virginia. Application fee: Free

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: \$300 Associate (A) Membership: \$300 Associate (B) Membership: \$225 Associate (C) Membership: \$175 Associate (D) Membership: \$175

Associate (E) Membership: \$100 Associate Resident/Fellow Application Fee: \$10

Please charge my payment to (check one): Master Card Visa

Name on Card (print): _____ Card #: _____

Exp. Date: _____ Signature: _____