



# 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's Assistant, licensed Nurse Practitioner or licensed Athletic Trainer Certified (ATC) 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** - An 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: \_\_\_\_\_