



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 category)

_____ **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: \$250

_____ **Associate (A)** - An Associate (A) member shall be "Board Eligible" in orthopaedic surgery. An Associate (A) 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 (A) Member shall have the right to vote and hold office in the Society. Member dues: \$250

_____ **Associate (B) Member** - An Associate (B) member shall be a Physician's Assistant or licensed Nurse Practitioner with an interest in orthopaedic surgery. An Associate (B) member must have an established relationship with and be sponsored by a current VOS active member. An Associate (B) member will have no vote and will not hold office in the Society. Member dues: \$97.50

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. Member dues: \$10

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: \$250 Associate (A) Membership: \$250 Associate (B) Membership: \$97.50 Associate Resident/Fellow Application Fee: \$10

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.**