**2016 Membership Application**

Please type or print clearly. Complete both pages and remit with your payment.

**Member Information**

|  |  |
| --- | --- |
| Member Name | |
| Prefix (example: Dr.) | Designation(s) (examples: MD, PhD) |

**Billing Information**

|  |  |  |
| --- | --- | --- |
| Contact | Phone | Email |

**Business Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Title | | | |
| Organization | | | |
| Address | | | |
| City | | State | ZIP |
| Work Phone | Work Fax | | |
| Work E-mail | | | |
| Web Site | | | |

**Home Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Address | | | |
| City | | State | ZIP |
| Home Phone | Home E-mail | | |

**Mailing/Listing Information**

|  |  |  |
| --- | --- | --- |
| Send mail to:  Work  Home | Send e-mail to:  Work  Home  Neither | List in Membership Directory:  Work  Home  Neither |

**Medical Education**

|  |  |
| --- | --- |
| School | Year of Graduation |
| School | Year of Graduation |

|  |
| --- |
| Member Name |

**Orthopaedic Training**

|  |  |  |
| --- | --- | --- |
| Institution | | Years |
| Institution | | Years |
| Board Certification | Medical Licensure | |
| Teaching Appointment | Hospital Appointment | |
| Medical Society MEmberships | | |

**Signatures of Endorsing Members of the Minnesota Orthopaedic Society**

|  |  |  |
| --- | --- | --- |
| Signature | Printed Name | Date |
| Signature | Printed Name | Date |

**Signature of Applicant**

I hereby make application for membership in the Minnesota Orthopaedic Society. If elected to membership, I agree to abide by all the rules and regulations of the Constitution and Bylaws of the Society.

|  |  |
| --- | --- |
| Applicant | Date |

**Membership Type**

$150 Active Member

$0.00 Retired Member *(compliments of MOS; please return form to continue membership)*

$0.00 Resident Member

$0.00 Student Member

|  |  |
| --- | --- |
| I would like to make an additional donation (to further program and resident support) in the amount of: | $ |

**Payment Options**

|  |  |
| --- | --- |
| Amount Enclosed  $ | Check *(payable to Minnesota Orthopaedic Society)*  Credit Card *(To protect your data, a member of the MOS staff will send a link for payment)* |
| **2016 Tax Information:** Contributions, gifts, or dues payments to MOS are not tax deductible as charitable contributions; however, they may be tax deductible as ordinary and necessary business expenses, or under other provisions of the Internal Revenue Code. A reasonable estimate of the portion of your dues allocable to non-deductible expenditures is \_\_\_\_\_\_\_ The preceding is not to be construed as tax advice, for which you should seek the services of a tax professional. | | |

**Please remit application with payment to:**Minnesota Orthopaedic Society

P.O. Box 24475

Minneapolis, MN 55424

Fax: 612-656-3016

Phone: 952-929-9398

Email: [office@mnorthopaedic.org](mailto:office@mnorthopaedic.org)