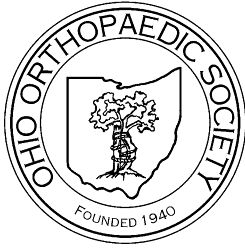

The Ohio Orthopaedic Society

66 East Lynn Street - Columbus, Ohio 43215
Telephone (614) 464-2878 ♦ Fax (614) 464-2694
Website: www.OhioOrthoSociety.org

Application for Membership

As a practicing physician residing and/or practicing within the State of Ohio, and whose chief interest is confined to the practice of orthopaedics, I hereby make application for membership in the Ohio Orthopaedic Society, and submit the following information in support of my request for affiliation.

PLEASE COMPLETE ALL BLANKS (Print or Type)

CONTACT INFORMATION

Full Name: ____ **(M.D. or D.O.)**
(First) **(Middle)** **(Last)** **(Circle one)**

Date of Birth: ______/ _______/__________ **Email:** ____

Specialty: ____**Years at location:** ________

Practice Name: ____

Office Address: ____

City ______________________________**State** ______________ **Zip** ______________ **County** __________________

Office Phone (_____) ________- ___________ **FAX** (_____) _______- __________

EDUCATION

Pre-Medical Education
School (s) ____Year Graduated ______________

Medical Education
School(s) ____Year Graduated _____________

Current Hospital Affiliations: ____

CERTIFICATION

Are you certified by American Board of Orthopaedic Surgery?
Yes_______ Please list year of certification: _____________ No _______ Are you board eligible? __________

Are you certified by American Osteopathic Board of Orthopaedic Surgery?
Yes_______ Please list year of certification: ____________ No _______ Are you board eligible? ___________

Signature of Applicant ____ Date: ____________________

Yearly dues for the Ohio Orthopaedic Society are $375.00.

Make checks payable to **The Ohio Orthopaedic Society** and return this form to:
66 East Lynn Street, Columbus, Ohio 43215 Fax (614) 464-2694

Credit Card
I hereby authorize the following amount to be charged to my credit card. Visa _____ Master Card _____ Discover _____ AMX ______

Amount Authorized: _____________ Card # ____

Expiration Date: ________ Name as it appears on card:______________________________________

Billing Address of Credit Card____

Questions? Contact Steve Landerman, Executive Director, email-- steve@ohioorthosociety.org