**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