

**2011 MEMBERSHIP APPLICATION
FOR
INDIANA ORTHOPAEDIC SOCIETY**

Applicants must be Board Eligible or Board Certified by the ABOS or Osteopathic Boards

Please Print

Date: _____ **Speciality:** _____ **Office Contact:** _____

Name: _____

Spouse / Life Partner _____

Office Address: _____

City/St/ Zip/ County: _____

Office Phone: _____ **Office Fax:** _____

Home Address: _____

City/St/ Zip: _____

Home Phone: _____ **E-Mail:** _____

Medical School: _____

Date of Graduation: _____

Residency Program and Location: _____

Date: _____

Fellowship Training: _____

Date: _____

Type: _____ **Location:** _____

Date of Licensure in Indiana: _____

Date of Certification by American Board of Orthopaedic Surgery: _____

Date of Certification by Osteopathic Board: _____

Two Sponsors Required:

(Sponsor must be current member of the Indiana Orthopaedic Society)

1. Name: _____

2. Name: _____

Applications and sponsor letters must be completed and mailed or faxed to the IOS office no later than May 2, 2011.

Mail to:

Patricia K. Price
Executive Director
Indiana Orthopaedic Society
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Indianapolis, IN 46268-0755
Tel: (317) 388-8983 * Fax: (317) 388 8984