

2011 Membership Sponsor Form

INDIANA ORTHOPAEDIC SOCIETY
PO Box 68755 • Indianapolis, IN 46268-0755
Phone (317) 388-8983 • Fax (317) 388-8984

CHECK ONE: MD DO Physician Assistant Certified

PLEASE COMPLETE PROMPTLY AND RETURN THIS FORM

Please do not fax AND mail.

PLEASE TYPE OR PRINT

Name of Nominee: _____
Address: _____
City/St/ Zip: _____
Phone/Fax: _____

1. How long have you known the nominee? # year(s) _____ # month(s) _____

2. Is the nominee associated with you in practice?

_____ Yes # year(s) _____ # month(s) _____
_____ No

3. Please comment on any other specific areas that will be helpful to the Membership Committee.
Have you personally contacted this person regarding membership nomination?

_____ YES _____ NO

If no, please do so before submitting his/her name, this avoids any embarrassment to you and IOS.

As sponsor, I agree to act as mentor to this member candidate and will agree to maintain contact with him/her once membership is approved.

Sponsor Name: _____
Signature: _____
Office Phone: _____
Date: _____

Dues Structure:

Active Member: \$250.00

Associate Member

PA-C \$100.00 (non voting membership)
Orthopaedic Resident Dues waived (non voting membership)

Emeritus (65 and over) Exempt from dues after submitting letter to IOS office requesting Emeritus status

Non voting membership

Contributions

The dues for the following are voluntary and amounts are at the discretion of the member. Suggested amounts are as follows:

Foundation: \$100
IOS PAC* \$100

***Personal or corporate checks are accepted for PAC contributions**