

**MEMBERSHIP APPLICATION
FOR
INDIANA ORTHOPAEDIC SOCIETY**

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

Date: _____ Speciality: _____ Office Contact: _____

Name: _____

Spouse/ Life Partner _____
Please Print

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 1.

Mail or Email To:
Kellye Mitros
Interim Executive Director
Indiana Orthopaedic Society
P.O. Box 1221
South Bend, Indiana 46624
iosocietydirector@gmail.com
Tel: (574) 360-4154