FLORIDA ORTHOPAEDIC SOCIETY ~ MEMBERSHIP APPLICATION

Membership Categories: (Please circle category for which you are applying)

Candidate- shall be doctors of medicine/osteopathy who are engaged full time in an AMA-approved orthopaedic surgery residency program or have completed the same not yet eligible for associate membership.

Associate- shall be doctors of medicine/osteopathy licensed in Florida; have completed an AMA-approved orthopaedic training program; have been engaged in the exclusive practice of orthopaedic surgery for at least 2 years in the same locality in Florida.

Active- shall be doctors of medicine/osteopathy licensed in Florida; have been engaged in the exclusive practice of orthopaedic surgery for at least 4 years in Florida; have been an associate for 2 yrs; and shall be certified by the American Board of Orthopaedic Surgery or the American Osteopathic Association.

Membership Fees:	
Candidate Member	$50
Active and/or Associate Member	$200
Optional Fees:	
Florida Orthopaedic Political Action Committee	$100
Legislative Advocacy Fund	$100

Make or Fax Payment to:
Florida Orthopaedic Society
17503 Mallard Court
Lutz, FL 33559
Tel: 813-948-8660
Fax: 813-949-8994

_____
Name Degree

_____
Practice

_____
Office Address

_____
City State Zip

_____
Phone Fax

_____
E-mail address Orthopaedic Sub-Specialty

_____
Spouse's Name Office Manager

I am interested in serving on the following committee:

_____ Legislation
_____ Medical Economics
_____ Program
_____ FOPAC

I am interested in serving as a key contact to the following legislators:

Name of Legislator:

_____

_____

CERTIFICATE

I certify that I have completed the training and practice requirements in the category for which I have applied. No restrictions have been placed upon my practice privileges by the State of Florida.

_____ _____
Date of Application Signature

COMMUNICATIONS CONSENT FORM

I understand that by providing my mailing address, e-mail address, telephone number, and fax number above, I consent to receive communications via regular mail, e-mail, telephone, and/or fax sent to that address/number above, on behalf of the Florida Orthopaedic Society and the Florida Orthopaedic Political Action Committee.

_____ _____
Date Signature

Please Note that the Revenue Reconciliation Act of 1993 states that association dues used for lobbying activities are not deductible as a business expense. As a result 35% of FOS membership dues and 100% of the voluntary legislative action contributions cannot be deducted as a business expense for federal income tax purposes.

Payment Information:
Enclosed please find my check made payable to the "Florida Orthopaedic Society".

I hereby authorize the following amount to be charged to my credit card. Amount: _____

Card #: _____ Expiration Date: _____
(Visa, Mastercard, r)

Security Code or CIN Number (last 3 digits on back of VISA or M/C): _____