

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 a Florida based AMA-approved orthopaedic surgery residency program and 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 \$175

Make check payable to:

Florida Orthopaedic Society
1001 Samy Drive
Tampa, FL 33613
Toll-Free: 866-269-7720
Fax: 813-269-7539

Voluntary Contributions:

Florida Orthopaedic Political Action Committee \$ 50
2003 Legislative Action: (see below) \$100 Suggested Amt.

(Voluntary legislative action contributions will only be used to pay for direct lobbying expenses and PR pieces to support our campaign to fix the malpractice insurance crisis and enact meaningful Workers Compensation reform.)

Please enclose a passport-size photo with your application.

Name	Degree	

Organization		

Office Address		

City	State	Zip

Phone	Fax	

E-mail address		

Florida License No.	Date of Birth	

Spouse's Name	Office Contact	

I am interested in serving on the following committee:

_____ Legislation
 _____ Communications
 _____ Medical Economics
 _____ Program
 _____ Sports Medicine
 _____ Membership
 _____ Trauma
 _____ 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

To be completed by Associate Member Applicant
The following Active Member of the Society has agreed to endorse my application in writing.

Endorser Signature

Endorser Name Printed

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 15% of FOS Membership Dues and 100% of the voluntary legislative action contributions for 2003 cannot be deducted as a business expense for federal income tax purposes.