



# Irish-American Orthopaedic Society

## Application for Membership

Please send the completed application with payment info to:

IAOS  
110 West Road  
Suite 227  
Towson, MD 21204

Or complete your application online:  
[iaos.net/join-iaos](http://iaos.net/join-iaos)

NAME (Print clearly): \_\_\_\_\_

SPOUSE'S NAME: \_\_\_\_\_

OFFICE ADDRESS  This is my preferred mailing address

Street/Suite: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Office Phone/Fax: \_\_\_\_\_

Email (for IAOS announcements): \_\_\_\_\_

HOME ADDRESS  This is my preferred mailing address

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Medical College: \_\_\_\_\_

Post Graduate Training: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Practice:  Private  Academic Institution  Hospital Employee

Other \_\_\_\_\_

AAOS Member:  Yes  No FRCS (I):  Yes  No

Specialty: \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_

Recommended By: \_\_\_\_\_

### Payment

2019 Surgeon Dues  
\$150 USD

2019 Allied Health Dues  
\$75 USD

2019 Emeritus Dues  
\$75 USD

Check enclosed (make payable to IAOS in US dollars)

Credit Card No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Print name as it appears on card: \_\_\_\_\_ Billing Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_