



# 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: \_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_

### Dues Payment Options:

- 2020 Surgeon  
**\$150 USD (monthly \$12.50)**
- 2020 Allied Health  
**\$75 USD (monthly \$6.25)**
- 2020 Emeritus  
**\$75 USD (monthly \$6.25)**
  
- 2021 Surgeon  
**\$150 USD (monthly \$12.50)**
- 2021 Allied Health  
**\$75 USD (monthly \$6.25)**
- 2021 Emeritus  
**\$75 USD (monthly \$6.25)**
  
- 2020/2021 Surgeon  
**\$300 USD (monthly \$25)**
- 2020/2021 Allied Health  
**\$150 USD (monthly \$12.50)**
- 2020/2021 Emeritus  
**\$150 USD (monthly \$12.50)**

### Payment Preference:

- One Time Payment
- Automatic Monthly Payment  
(made on preferred credit card)