



## MEMBERSHIP APPLICATION

2209 Dickens Road | Richmond, Virginia 23230-2005

800-741-2626 | 804-565-6370 | Fax: 804-282-0090

E-mail: [sarabeth@societyhq.com](mailto:sarabeth@societyhq.com) | [www.aoao.org](http://www.aoao.org)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_\_

Male  Female Birth Year: \_\_\_\_\_ Preferred Contact Address:  Mailing  Billing

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Cell Phone\*: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Address to be published in directory or web site?  Mailing  Billing  Neither

Secondary E-mail: \_\_\_\_\_ AOA #: \_\_\_\_\_

\* Opt-in for convenient texting updates and communications from AAO. Note: The AAO does not provide member phone/email information to outside vendors. Please supply your email address to expedite important AAO communications in a more timely and cost effective method.

### DOCTORAL AND POSTDOCTORAL TRAINING

Undergraduate Education: \_\_\_\_\_ Location: \_\_\_\_\_ Dates: \_\_\_\_\_

Advanced degrees?: \_\_\_\_\_

Osteopathic Medical School: \_\_\_\_\_ Location: \_\_\_\_\_ End Date: \_\_\_\_\_

Residency Institution: \_\_\_\_\_ Location: \_\_\_\_\_ End Date: \_\_\_\_\_

Fellowship Institution: \_\_\_\_\_ Specialty: \_\_\_\_\_ End Date: \_\_\_\_\_

Are you board eligible?  Yes  No \_\_\_\_\_ Are you board certified?  Yes  No \_\_\_\_\_

Academic Affiliation(s): \_\_\_\_\_

Hospital Staff Positions Currently Held: \_\_\_\_\_

Primary Institution and Location: \_\_\_\_\_

### Specialty (Select one or more of the following specialties):

<input type="checkbox"/> Adult Reconstruction	<input type="checkbox"/> Hand	<input type="checkbox"/> Pediatric	<input type="checkbox"/> Spine
<input type="checkbox"/> Foot and Ankle	<input type="checkbox"/> Hand and Elbow	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Sports Medicine
<input type="checkbox"/> General	<input type="checkbox"/> Musculoskeletal Oncology	<input type="checkbox"/> Shoulder and Elbow	<input type="checkbox"/> Trauma

If accepted for membership, I agree to abide by the Code of Ethics and the Constitution and Bylaws of AAO. By Submission of this document, I authorize release of the information contained herein and in membership files of those organizations and hospitals to which I may subsequently apply for membership, and the release to AAO by organizations and hospitals of information relative to my previous membership in those organizations. I am a resident or a licensed physician in compliance with the state board of medical licensure and/or discipline's order.

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

All applicants will be reviewed by AAO, and applicants will receive prompt notice when approved.

<input type="checkbox"/> Active .....	\$600	<input type="checkbox"/> Military .....	\$250
<input type="checkbox"/> Associate.....	\$250	<input type="checkbox"/> Disabled.....	\$150
<input type="checkbox"/> Allied Health Professional .....	\$225		

**Candidate Members must apply online at <https://www2.aoao.org/forms/memberapp.iphtml>**

**If you would like to add a section to your membership, check off all that apply.**

<input type="checkbox"/> Adult Reconstruction Section.....\$100	<input type="checkbox"/> Hand Section.....\$50	<input type="checkbox"/> Spine Section.....\$100	<input type="checkbox"/> Trauma Section .....\$100
<input type="checkbox"/> Foot & Ankle Section .....\$100	<input type="checkbox"/> Pediatric Section .....\$100	<input type="checkbox"/> Sports Section.....\$100	<input type="checkbox"/> Shoulder & Elbow Section .....\$100
	<input type="checkbox"/> Women's Orthopedic Section.....\$50		

### Payment Options (Please do not send cash for payment)

Check or Money Order Enclosed (US Funds) Made Payable to: AAO, 2209 Dickens Rd., Richmond, VA 23230-2005.

Credit card payments may be submitted via fax: 804-282-0090

AmEx  Mastercard  Visa  Discover Card Number: \_\_\_\_\_

Printed Name on Card \_\_\_\_\_ Exp. Date \_\_\_\_\_

Billing Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature \_\_\_\_\_ CVV Security Code\* \_\_\_\_\_

\*CVV code is the three digit number on the back of VISA or MC or 4 digit number on the front of AMEX card above the account number.