

PHILADELPHIA ORTHOPAEDIC SOCIETY

684 Ridge Road, Spring City, PA 19475

Phone 610- 469-9241 Fax(610-469-0204

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(PLEASE TYPE OR PRINT)

Name		Date
Office Address		
Phone	Fax	E-Mail
Home Address		
Medical School		Year of Graduation
Internship Dates	Residency Dates	Fellowship Dates
Membership in Professional Organizations		
Medical License(s) & State(s)		
Are You Board Certified in Orthopaedic Surgery?	Yes No	Year Certified
Subspecialty		
Current Hospital Affiliation(s)		

TO THE APPLICANT *(Please have your sponsors endorse your application here)*

I wholeheartedly endorse _____ for membership in The Philadelphia Orthopaedic Society.
(Applicant's Name)

Endorsers: (1) _____
(P.O.S. member, please sign and print your name on this line)

(2) _____
(P.O.S. member, please sign and print your name on this line)

After you have completed this form, and have secured the two signatures of your endorsers, please forward to:

**Lawrence Wells, MD, Membership Chair
Philadelphia Orthopaedic Society
c/o Eleanor Slanga, Executive Director
684 Ridge Road, Spring City, PA 19475**

- PLEASE REMEMBER TO:**
1. Have your endorsers sign
 2. Attach a small photo for the files
 3. Include a copy of your current Curriculum Vitae
 4. Please include your dues payment for \$150 and make check payable to:
Philadelphia Orthopaedic Society