

# MEMBERSHIP APPLICATION ARIZONA ORTHOPAEDIC SOCIETY

(CHECK ONE)    ACTIVE    RESIDENT    RETIRED

NAME: \_\_\_\_\_  
                    (Last)                      (First)                      (Middle)

ADDRESS: (OFFICE) \_\_\_\_\_  
  Clinic Name (if applicable)                      Address  
(HOME) \_\_\_\_\_

(E-MAIL) \_\_\_\_\_

Prefer Mail sent to OFFICE                       HOME

TELEPHONE: (OFFICE) \_\_\_\_\_ (HOME) \_\_\_\_\_

FAX: (OFFICE) \_\_\_\_\_ (HOME) \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ ARIZONA MEDICAL LICENSE #: \_\_\_\_\_

PRIMARY SPECIALTY \_\_\_\_\_ BOARD CERTIFIED?    Y    N

SECONDARY SPECIALTY \_\_\_\_\_ BOARD CERTIFIED?    Y    N

MEDICAL SCHOOL: \_\_\_\_\_

DEGREE: \_\_\_\_\_ YEAR OF GRADUATION: \_\_\_\_\_

INTERNSHIP: \_\_\_\_\_ DATES: \_\_\_\_\_ to \_\_\_\_\_

RESIDENCY: \_\_\_\_\_ DATES: \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ DATES: \_\_\_\_\_ to \_\_\_\_\_

FELLOWSHIP (S): \_\_\_\_\_ DATES: \_\_\_\_\_ to \_\_\_\_\_  
  Field                      School & Location

\_\_\_\_\_ DATES: \_\_\_\_\_ to \_\_\_\_\_  
  Field                      School & Location

Memberships held in other medical associations:  
\_\_\_\_\_ AMA    \_\_\_\_\_ ArMA    \_\_\_\_\_ County Society

OTHER: \_\_\_\_\_

ORTHOPAEDIC SPECIALTY OR FIELD OF INTEREST: *If you wish to be listed in the Society's web site specialty search area, please complete the back of this form.*

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE COMPLETE AND RETURN TO: THE ARIZONA ORTHOPAEDIC SOCIETY 810 West Bethany Home Road, Phoenix, AZ 85013, (602) 347-6901, (602) 242-2515 fax, [patriceh@azmedassn.org](mailto:patriceh@azmedassn.org)

NAME: \_\_\_\_\_

## **SPECIALTY OR FIELD OF INTEREST**

Please check up to three.

**ALTERNATIVE/COMPLEMENTARY MEDICINE**  
**ARTHROPLASTY**  
**ARTHROSCOPIC SURGERY**  
**FOOT AND ANKLE**  
**GENERAL ORTHOPAEDIC SURGERY**  
**HAND**  
**HAND - CONGENITAL**  
**HIP**  
**ILIZROV - BONE LENGTHENING**  
**INFECTIONS**  
**JOINT REPLACEMENT**  
**KNEE**  
**MINIMALLY INVASIVE SURGERY**  
**NATIVE AMERICAN HEALTH**  
**ONCOLOGY - MUSCULOSKELETAL**  
**OSTEOPATHY**  
**OTHER (S) \_\_\_\_\_**

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**PEDIATRIC FRACTURES**  
**PEDIATRICS**  
**RECONSTRUCTIVE SURGERY**  
**REHABILITATION**  
**SHOULDER**  
**SHOULDER AND ELBOW**  
**SPINE**  
**SPORTS MEDICINE**  
**TEAM PHYSICIAN**  
**TRAUMA**  
**TUMORS**  
**WOUNDS**