



CLINICAL ORTHOPAEDIC SOCIETY, INC.

110 West Rd., Suite 227, Towson, MD 21204 • 410-307-1013 • Fax: 410-494-0515
 E-mail: cos@datatrace.com • Web: www.cosociety.org

Membership Application

Membership Categories

Regular Member

Practicing orthopaedic surgeon, residing in the US or Canada who has become a diplomat of the American Board of Orthopaedic Surgery, the American Osteopathic Board of Orthopaedic Surgery or the Royal College of Physicians of Canada or have made outstanding contributions to orthopaedic surgery.

Annual Dues: \$300

International Member

International Members are outstanding orthopaedists who are not residents of the United States or Canada. International members pay dues, and may attend meetings, but may not vote or hold office.

Annual Dues: \$300

Resident/Fellow Member

Orthopaedic surgeons enrolled in an approved residency program in the United States and Canada. Resident membership may be retained during postgraduate fellowship training. Upon completion of training, graduates may advance to Candidate Membership.

Annual Dues: \$40

Candidate Member

Orthopaedic surgeons residing in the United States or Canada who have graduated from orthopaedic residency programs accredited by the Liaison Committee on Medical Education (LCME), the Committee on Accreditation of Canadian Medical Schools (CACMS) or the American Osteopathic Association (AOA) Bureau of Professional Education and have not yet achieved board certification. Upon such certification Candidate members shall be advanced to regular membership. Candidate Membership is limited to three years post residency or fellowship.

Annual dues: \$75

Signature of residency program director required

 Residency Program Director

 Signature

Name: _____ Degree: _____ Date of Birth: _____
Last First MI

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Spouse's Name: _____ Spouse's E-mail: _____

PRACTICE OF ORTHOPAEDIC SURGERY

Location: _____ Dates: _____

Location: _____ Dates: _____

HOSPITAL STAFF MEMBERSHIP

Hospital Location	Position/Offices Held	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Referred by: _____

If someone referred you to COS, please list his or her name.

A 10% discount will be offered if four people in the same practice are COS members.

Payment Options:

Check or money order enclosed (US Funds). Made payable to COS in the amount of \$ _____

AMEX Mastercard VISA

Card #: _____ Exp. Date: _____ CVV: _____

Printed name on card: _____ Signature: _____

Date: _____ Contact phone (If different from member): _____

Dues may be deductible for federal income tax purposes as ordinary and necessary business expenses. We are a 501(c)(3) Association. Federal Tax ID 23-7164991.