

MEMBERSHIP APPLICATION

Personal Information

| | |
|---|--|
| Name: First/Middle/Last | Institution |
| Degree(s) | Street Address |
| Date of Birth | City/State/Province |
| Years in Practice | Postal Code/Country |
| Board Certification/Eligibility | Work Phone |
| <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Specialty | <input type="checkbox"/> Orthopaedic Surgery <input type="checkbox"/> Neurosurgery <input type="checkbox"/> Other (Please specify) |

Membership Categories

| SMISS One-Year Membership | US Dollars |
|----------------------------|--|
| Surgeon | \$295 \$100 if you attend the SMISS Annual Forum |
| Resident/Fellow | \$100 Free if you attend the SMISS Annual Forum |
| Allied Health Professional | \$150 \$50 if you attend the SMISS Annual Forum |

Surgeon

Resident/Fellow

Allied Health Professional

Payment Information

Check #
(Please note: Checks must be made payable to SMISS. Only checks in USD drawn on US banks will be accepted.)

Visa

MasterCard

American Express

Discover

Credit Card Number

Expiration Date

Verification Code

Name as it Appears on Credit Card

Credit Card Billing Address

Signature

Date