SMISS
Society for Minimally Invasive Spine Surgery

MEMBERSHIP APPLICATION

Personal Information

Name: First/Middle/Last

Degree(s)

Date of Birth

Years in Practice

Board Certification/Eligibility

Institution

Street Address

City/State/Province

Postal Code/Country

Work Phone

Email Address

Specialty ☐ Orthopaedic Surgery ☐ Neurosurgery ☐ Other (Please specify)

Membership Categories

SMISS One-Year Membership	US Dollars
Surgeon	**$295**
Resident/Fellow	**$100**
Allied Health Professional	**$150**

☐ 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

Please mail, email or fax completed application to:
Society for Minimally Invasive Spine Surgery
c/o BroadWater, 301 S. County Farm Road, Suite L, Wheaton, IL 60187 USA
T: 331-218-0780 F: 630-682-5811 E: membership@smiss.org