SMISS
Society for Minimally Invasive Spine Surgery

MEMBERSHIP APPLICATION

Personal Information

Name: First/Middle/Last

Credentials (MD, DO, PhD)

Date of Birth

Year Completed Residency

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	**$395**
Resident/Fellow	**$100**
Advanced Practice Provider	**$150**

☐ Surgeon ☐ Resident/Fellow ☐ Advanced Practice Provider

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 or email completed application to:
Society for Minimally Invasive Spine Surgery
c/o BroadWater, 111 W. Wesley Street, Suite 2, Wheaton, IL 60187 USA
nhenkel@broad-water.com