ORS Membership Application

ORS Membership ID#: _____

First Name: _____ Middle Initial: _____ Last Name: _____ Designations: _____

Organization: _____ Department: _____

Primary Mailing Address: _____ Mailing Address Line 2: _____

City: _____ State/Province: _____

Country: _____ Postal/Zip Code: _____

Primary Phone: _____ Primary Email: _____

Cell Phone: _____ Other Email: _____

ORS Membership Category (For a description on ORS membership categories, please visit http://www.ors.org/membership/)

- ❑ Active (Established Investigator) - $240.00 dues per year
- ❑ Affiliate (General/Administrative) - $240.00 dues per year
- ❑ Associate (Student/Trainee)** - $50.00 dues per year

ORS Section Membership (*ORS section membership dues are in addition to ORS membership dues annually. Sections set their own membership dues.)*

- ❑ Spine Section - $50.00 dues per year
- ❑ Meniscus Section - $50.00 dues per year

Demographic Gender: ❑ Male ❑ Female Date of Birth (Month/Date/Year): ___/___/____

Career & Education

Current Position/Title: _____

Please indicate below which best describes your current level of training.

- ❑ DDS
- ❑ DO
- ❑ DPM
- ❑ DVM
- ❑ Fellow
- ❑ Graduate Student
- ❑ 1st Medical Student
- ❑ 2nd Year Medical Student
- ❑ 3rd Year Medical Student
- ❑ 4th Year Medical Student
- ❑ MD
- ❑ Orthopaedic Surgeon
- ❑ PhD Candidate
- ❑ PhD
- ❑ Post-doctoral Fellow
- ❑ Physical Therapist (DPT/PT)
- ❑ 1st Year Resident
- ❑ 2nd Year Resident
- ❑ 3rd Year Resident
- ❑ 4th Year Resident
- ❑ 5th Year Resident
- ❑ Undergraduate Student
- ❑ Other, please specify, _____

Please indicate below which best describes your current position/field:

- ❑ Adjunct Faculty College/University
- ❑ Biologist
- ❑ Bioengineer
- ❑ Clinician
- ❑ Engineer
- ❑ Government Official/Staff
- ❑ Industry Representative
- ❑ Lab Technician
- ❑ Orthopaedic Surgeon
- ❑ Physician
- ❑ Private Practice Administrator/Manager
- ❑ Research Associate
- ❑ Researcher (Industry)
- ❑ Veterinarian

9400 West Higgins Road, Suite 225, Rosemont, IL 60018
Phone: (847) 823-5770 Fax: (847) 823-5772 Email: membership@ors.org

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❑ Other, please specify: _____

Please indicate your affiliation:

❑ Academic
❑ Government
❑ Industry
❑ Military (Active)
❑ Military (Not Currently Active/Veteran)

Please indicate your specialization:

❑ Applied Science
❑ Basic Science
❑ Clinical
❑ General and Administrative
❑ Other, please specify: _____

Please indicate your highest degree and year achieved.

Degree: _____ Year Achieved: _____

Associate (Student/Trainee) Member Applicant Requirements**

Please indicate the name of your institution, degree seeking, training focus/major, and the estimated completion of your training.

Institution Name: _____ Completion Date of Training (Month/Year): _____

Degree Seeking: _____ Training Focus/Major: _____

Verification of Student/Trainee Status

In order to meet the Associate Member requirements, please provide at least one type of documentation for proof of your current status.

- Student ID#: _____
- Copy of your institution/student identification card
- Copy of current class schedule
- Official/unofficial transcript with student name
- Copy of your acceptance letter, enrollment, or registration confirmation
- Letter from your Advisor, Dean, Department or Program Chair

Please provide the name of your Advisor, Dean, Department or Program Chair including their email and phone number.

_____	_____	_____	_____
Advisor, Dean, Dept. or Program Chair:	Institution	Email	Phone

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Active/Affiliate Member Applicant Requirements ***(Please note one of these must be met in order for your application to be considered.)***

I have presented a paper an ORS Annual Meeting in the year(s):_____

Publication of two peer-reviewed journal papers related to orthopaedic/musculoskeletal research (list titles of papers and where they were published)

_____

_____

Research Interests
Please indicate your primary and secondary interests below. You may select more than one in each category.

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Primary Interests
- ❑ Arthroplasty
- ❑ Biomaterials - Bio-active &Tissue Engineering
- ❑ Biomaterials - Bioinert
- ❑ Bone
- ❑ Bone Biology
- ❑ Bone Fracture
- ❑ Cancer/Tumors
- ❑ Cartilage & Synovium
- ❑ Diagnostic Imaging
- ❑ Foot & Ankle
- ❑ Fracture
- ❑ Hand & Wrist
- ❑ Hip
- ❑ Hip & Knee Arthroplasty
- ❑ Infection
- ❑ Inflammatory Arthitis
- ❑ Knee
- ❑ Meniscus
- ❑ Muscle
- ❑ Nerve & Spinal Cord Injury
- ❑ Should & Elbow
- ❑ Spine
- ❑ Spine Therapeutics
- ❑ Tendon/Ligament
- ❑ Trauma
- ❑ Other, please specify: _____

Secondary Interests
- ❑ Arthroplasty
- ❑ Biomaterials - Bio-active &Tissue Engineering
- ❑ Biomaterials - Bioinert
- ❑ Bone
- ❑ Bone Biology
- ❑ Bone Fracture
- ❑ Cancer/Tumors
- ❑ Cartilage & Synovium
- ❑ Diagnostic Imaging
- ❑ Foot & Ankle
- ❑ Fracture
- ❑ Hand & Wrist
- ❑ Hip
- ❑ Hip & Knee Arthroplasty
- ❑ Infection
- ❑ Inflammatory Arthitis
- ❑ Knee
- ❑ Meniscus
- ❑ Muscle
- ❑ Nerve & Spinal Cord Injury
- ❑ Should & Elbow
- ❑ Spine
- ❑ Spine Therapeutics
- ❑ Tendon/Ligament
- ❑ Trauma
- ❑ Other, please specify: _____

Membership Dues Payment Information**

Credit Card ❑ Visa ❑ Mastercard ❑ American Express

_____ _____ _____
Credit Card Number Expiration Date CVV

_____ _____ _____
Name as it appears on card Signature Billing Zip/Postal Code

❑ Check Check #: _____ Please make checks payable to Orthopaedic Research Society.
Send in your application and check to: ORS
6640 Eagle Way
Chicago, Illinois 60678-1066

**All ORS member applicants will receive a receipt of application within 4 weeks that your membership has been approved. Upon successful completion of payment of your ORS membership dues (and section dues), you will receive a receipt of payment to the email indicated on the membership application. Please note check payments may take longer to process. ORS membership is January 1 – December 31 of each year.

Contact ORS at membership@ors.org or (847) 823-5770 should you have questions.

If not a payment by check, please Submit Your Completed Application to ORS:

By Mail:
ORS
Attn: Membership
9400 West Higgins Rd, Suite 225
Rosemont, IL 60018

By Email: membership@ors.org

By Fax: (847) 823-5772