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
- Associate (Student/Trainee)** - $50.00 dues per year
- Affiliate (General/Administrative) - $240.00 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: ______________________

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 Arthritis
- 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 Arthritis
- Knee
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- 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:  By Email: membership@ors.org  By Fax: (847) 823-5772
ORS
Attn: Membership
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