

**Information
for
ASSOCIATE MEMBERSHIP**

Please return your application documents to:

AAOS – Membership Committee
 9400 West Higgins Road
 Rosemont, IL 60018-4262

Fax: (847) 384-4258
 Toll Free: (800) 346-AAOS
 free@aaos.org

- No application deadline extensions allowed
- All supporting documents must be attached to your application.
- Also, all (5) Sponsor Letters must come from current AAOS Active Fellows
- We recommend sending your completed application to us well before your deadline of July 1st to allow corrections and verification of Sponsors.

Application Schedule for the Class of 2018	
November 2016	Application submission start date
July 1, 2017	Application Deadline
Late-September 2017	Board of Directors act on Class of 2018 applications. Applicants are notified in writing
IF ACCEPTED	
October 2017	<ul style="list-style-type: none"> • Your AAOS applicant status is updated to new member in the Class of 2018 • Mandatory Initiation Fee billed
March 16-10, 2018	Annual Meeting New Orleans, LA
April 2018	Your first dues as AAOS Associate Member are billed for the 2018-19 dues year

PROCEDURE FOR APPLICATION TO ASSOCIATE MEMBERSHIP

Individuals meeting the requirements for membership may apply for Associate Membership by submitting a completed application form, Curriculum Vitae, supporting documents, and five letters of recommendation. The letters of recommendation must be from Active Fellows of the Academy and outline your contributions to the Academy and to orthopaedic surgery. All documents must be attached to your application; the AAOS is not responsible for contacting your sponsors or obtaining letters of recommendation on your behalf.

Each application will be reviewed by the Membership Committee at its annual meeting. Final action for all Class of 2017 applicants will be taken by the Membership Committee and the Board of Directors in the fall.

Associate Membership – ALLIED SPECIALTY

The status of Associate Membership - Allied Specialty may be conferred upon distinguished physicians who are not orthopaedic surgeons who hold the degrees of M.D. or D.O. and whose activities, interests and contributions are related to orthopaedic surgery. During the review process, the Membership Committee will consider, but not be limited to, the information provided in the applicant's Curriculum Vitae.

Associate Membership – BASIC SCIENCE

The status of Associate Membership-Basic Science may be conferred upon an individual holding a doctorate degree or its equivalent who is engaged in the full time research of basic science related to orthopaedic surgery and who has demonstrated achievement in research and education for orthopaedic surgery. During the review process the Membership Committee will consider, but not be limited to, the information provided in the applicant's Curriculum Vitae, bibliography demonstrating recent publications in peer reviewed journals (a minimum of two articles within 3 years prior to application), presentations at national scientific meetings, research grants, and academic appointments.

**A complete application packet must be received by the AAOS before July 1st.
Applications submitted after July 1st or which include incomplete information
and/or invalid documents will not be considered in the current class.**

No extensions will be permitted

APPLICATION FOR ASSOCIATE MEMBERSHIP

Please type the following information

Class of 2018

DEADLINE: July 1, 2017

Please return your application to:

AAOS – Membership Committee
9400 West Higgins Road
Rosemont, IL 60018-4976 USA

Telephone 800-346-AAOS
Fax: 847-268-9558
email: free@aaos.org

CATEGORY TYPE: (select one)

- A. Associate Membership – ALLIED SPECIALTY
- B. Associate Membership – BASIC SCIENCE

Primary Field of Orthopaedic Interest: _____

ELIGIBILITY: based on the membership descriptions, please summarize your eligibility for AAOS Membership

BIOGRAPHICAL INFORMATION:

Applicant Name: _____

Home Address: _____

Email: _____

Home Phone Number: _____

Birth Date: _____

EMPLOYMENT:

Current Occupation: _____

Employer Name and Address: _____

Business email: _____

Office Phone Number: _____

Fax Number: _____

EDUCATIONAL EXPERIENCE:

UNDERGRADUATE INSTITUTION AND LOCATION

Complete Date: _____

Degree Earned: _____

GRADUATE INSTITUTION AND LOCATION

Complete Date: _____

Degree Earned: _____

OTHER DEGREES

ACADEMIC APPOINTMENTS

Certification by an American Specialty Board or equivalent

NO

YES – Certification year _____

Name of the Board you are certified with

PLEASE REVIEW YOUR APPLICATION AND RELATED DOCUMENTS CAREFULLY.

- YOUR CURRICULUM VITAE
- 5 SPONSOR RECOMMENDATION LETTERS AND
- ALL OTHER DOCUMENTS LISTED IN THE MEMBER REQUIREMENTS DESCRIPTION SHOULD BE ATTACHED TO THIS APPLICATION.

SPONSORS:

FIVE Active Fellows of the American Academy Of Orthopaedic Surgeons (AAOS) must endorse your application.

- Please ensure all (5) Sponsors are current AAOS Active Fellow members.
- Letters of recommendation must be submitted on practice letterhead and include the sponsor's name and signature.
- Also, it is your responsibility to contact your Sponsors and obtain all (5) letters of recommendation before sending us your application.

Please list the name of each Active Fellow Sponsor, Practice Name, and Address.

1. _____

2. _____

3. _____

4. _____

5. _____

Applications will not be processed if: incomplete, missing required documentation or if received after the deadline of July 1st

I agree to comply with each and every provision of the Bylaws of the American Academy of Orthopaedic Surgeons and with all duly adopted rules and regulations. I further agree that, in return for the Academy's treating the entire contents of this application as confidential, privileged information, the Academy is authorized to make whatever inquiries and investigations it deems necessary to verify my credentials, professional standing and moral and ethical character. In addition, I agree that I will not cause or attempt to cause any disclosure, public or private, of the contents of my application except as provided in the Academy Bylaws. I affirm and state the information furnished on this application is true.

Signature _____ Date _____