

APPLICATION FOR ISASS MEMBERSHIP

MEMBER INFORMATION Please print clearly in BLOCK characters

Salutation:	First Name:	Last Name:	Degree (MD, PhD):
Birth Year:	Years in Practice:	Hospital/Clinic:	Title:
Address:		Address 2:	
City:	State or Region:	Postal Code:	Country:
Telephone:	Fax:	Mobile:	Email Address:
Medical School:		Graduation Year:	
Specialty:			

DO YOU HAVE AN ADMINISTRATIVE CONTACT THAT WILL HANDLE YOUR MEMBERSHIP? IF YES, PLEASE ENTER THE CONTACT INFORMATION:

Admin Name:	Admin Telephone:	Admin Email:	Admin Fax:
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Public information, will appear in the public member search on the www.isass.org website. Note that only basic contact information is provided to the public to promote your organization. To see the information provided to the public, please visit www.isass.org home page and do a search.

Please provide us with a 6 digit character password that you will use to access the ISASS members area. This password will also provide you with access to our Online Journal: _____

MEMBERSHIP CATEGORIES (SELECT ONE FROM THE FOLLOWING)

<p>REGULAR MEMBERSHIP</p> <p><input type="checkbox"/> Surgeon: Those actively practicing spine surgery</p> <p><input type="checkbox"/> Scientist: Researchers in spine surgery</p> <p>AFFILIATE MEMBERSHIP</p> <p><input type="checkbox"/> Industry: Those actively involved in the spine surgery industry</p>	<p>REGULAR AND AFFILIATE MEMBERSHIP FEES:</p> <table style="width: 100%;"> <tr> <td>One Year</td> <td style="text-align: right;">\$390</td> </tr> <tr> <td>Two Year</td> <td style="text-align: right;">\$680 (save \$100)</td> </tr> <tr> <td>Five Year</td> <td style="text-align: right;">\$1,700 (save \$250)</td> </tr> <tr> <td>Lifetime Member</td> <td style="text-align: right;">\$2500 (10 years)</td> </tr> </table>	One Year	\$390	Two Year	\$680 (save \$100)	Five Year	\$1,700 (save \$250)	Lifetime Member	\$2500 (10 years)
One Year	\$390								
Two Year	\$680 (save \$100)								
Five Year	\$1,700 (save \$250)								
Lifetime Member	\$2500 (10 years)								

OTHER MEMBERSHIP CATEGORIES (SELECT ONE FROM THE FOLLOWING)

<p><input type="checkbox"/> Resident: Those in residency to become spine surgeons</p> <p><input type="checkbox"/> Fellow: Graduates of orthopedic surgery residency training programs under the direction of a spinal surgeon</p> <p><input type="checkbox"/> Physician's Assistant: Healthcare professionals licensed to practice medicine with supervision of a licensed physician</p> <p><input type="checkbox"/> Physical Therapist: Those working in rehabilitation techniques after spine surgery.</p> <p><input type="checkbox"/> Nurse: Nurses practicing in spine surgery</p> <p><input type="checkbox"/> Retired: Physicians no longer practicing medicine</p>	<p>OTHER MEMBERSHIP FEES</p> <table style="width: 100%;"> <tr> <td>One Year</td> <td style="text-align: right;">\$250</td> </tr> <tr> <td>Two Year</td> <td style="text-align: right;">\$400 (Savings of \$100)</td> </tr> <tr> <td>Five Year</td> <td style="text-align: right;">\$1,000 (Savings of \$250)</td> </tr> </table>	One Year	\$250	Two Year	\$400 (Savings of \$100)	Five Year	\$1,000 (Savings of \$250)
One Year	\$250						
Two Year	\$400 (Savings of \$100)						
Five Year	\$1,000 (Savings of \$250)						

In submitting this application for membership, I agree to the bylaws and the rules and regulations of the ISASS (The International Society for the Advancement of Spine Surgery).

Membership dues for all categories, including board, advisory panels, committees, corporations, affiliated societies and government entities are USD \$390 (three hundred ninety US dollars) for Regular memberships or \$250 (two hundred fifty US dollars) for Other memberships payable on an individual annual basis. Dues may be paid in local currency contingent upon the payment option selected.

PAYMENT OPTIONS

CHECK, MONEY ORDER, BANK DRAFT - Local currency equivalent equal to above total. Make payable to: The ISASS. Mail with completed order form to: ISASS (The International Society for the Advancement of Spine Surgery), 2323 Cheshire Drive, Aurora, IL 60504 USA Fax to: ISASS Registrar - (717) 828-1012

CREDIT CARD, DEBIT CARD -Your signature below authorizes a charge for the total amount. Credit Card # _____

Cards Accepted: Visa MasterCard American Express Signature: _____ Exp Date: _____ Security Code: _____

WIRE TRANSFER -To pay the total amount by wire transfer, provide the following information to your sending financial institution: Chase JPMorgan Chase Bank, NA, Chicago, IL USA 60670 Routing/Transit No. 071000013; For credit to ISASS, Inc. Account No. 001026071000012 803648708 Chase JPMorgan Chase Bank's website 1-800-741-1700 Fax to: ISASS Registrar - (717) 828-1012 Mail to: The SAS - The International Society for the Advancement of Spine Surgery, 2323 Cheshire Drive, Aurora, IL 60504 USA

QUESTIONS? - Contact: Michele Boylstein, Member Services Manager for SAS; call (630) 995-9994, x801; fax: 717 828-1012; email: michele@isass.org or visit the website at www.isass.org The ISASS (The International Society for the Advancement of Spine Surgery), 2323 Cheshire Drive, Aurora, IL 60504 USA