

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 the International Journal of Spine Surgery (formally the SAS Journal): _____

MEMBERSHIP CATEGORIES (SELECT ONE FROM THE FOLLOWING)

<p>SURGEON MEMBERSHIP & FEES</p> <p><input type="checkbox"/> Surgeon: Those actively practicing spine surgery</p> <table style="width: 100%;"> <tr><td>One Year</td><td style="text-align: right;">\$485</td></tr> <tr><td>Two Year</td><td style="text-align: right;">\$870 (save \$100)</td></tr> <tr><td>Five Year</td><td style="text-align: right;">\$2,175 (save \$250)</td></tr> <tr><td>Lifetime Member</td><td style="text-align: right;">\$3,450 (10 years)</td></tr> </table>	One Year	\$485	Two Year	\$870 (save \$100)	Five Year	\$2,175 (save \$250)	Lifetime Member	\$3,450 (10 years)	<p>AFFILIATE MEMBERSHIP & FEES</p> <p><input type="checkbox"/> Industry: Those actively involved in the spine surgery industry</p> <table style="width: 100%;"> <tr><td>One Year</td><td style="text-align: right;">\$400</td></tr> <tr><td>Two Year</td><td style="text-align: right;">\$700 (save \$100)</td></tr> <tr><td>Five Year</td><td style="text-align: right;">\$1,750 (save \$250)</td></tr> <tr><td>Lifetime Member</td><td style="text-align: right;">\$2,600 (10 years)</td></tr> </table>	One Year	\$400	Two Year	\$700 (save \$100)	Five Year	\$1,750 (save \$250)	Lifetime Member	\$2,600 (10 years)
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OTHER MEMBERSHIP CATEGORIES (SELECT ONE FROM THE FOLLOWING)

<p><input type="checkbox"/> Scientist: Researchers in spine surgery</p> <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</p> <p>One Year \$285</p> <p>Two Year \$470 (Savings of \$100)</p> <p>Five Year \$1,175 (Savings of \$250)</p>
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In submitting this application for membership, I agree to the bylaws and the rules and regulations of 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 \$485 for Surgeon and \$400 for Industry memberships or \$285 for Other memberships payable on an individual annual basis.

Note all transactions will be charged a processing fee of \$50 (fifty US dollars)

PAYMENT OPTIONS

CHECK, MONEY ORDER, BANK DRAFT - Local currency equivalent equal to above total. Make payable to: ISASS. Mail with completed order form to: ISASS - The International Society for the Advancement of Spine Surgery, 2397 Waterbury Circle, Suite 1, Aurora, IL 60504 USA email to: heather@isass.org

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

Cards Accepted: Visa MasterCard American Express Signature: _____

Credit Card number # _____ Exp Date: _____ Security Code: _____

QUESTIONS? - Contact: Heather Howard, ISASS Director of Operations; call 630-375-1432; email: heather@isass.org or visit the website at www.isass.org ISASS, 2397 Waterbury Circle, Suite 1, Aurora, IL 60504 USA