



# NEW ENGLAND ORTHOPEDIC SOCIETY

## MEDICAL STUDENT MEMBERSHIP APPLICATION

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

*Please check your preferred address.*

Business Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Medical Student

### Program

Medical School: \_\_\_\_\_

Graduation year: \_\_\_\_\_

### Education and Training

Current Degree: \_\_\_\_\_ Institution: \_\_\_\_\_ Year: \_\_\_\_\_

### Additional Information

Dean or Medical School Director: \_\_\_\_\_ Email: \_\_\_\_\_

Participation in Additional Medical Societies: \_\_\_\_\_

*I hereby apply for membership in the New England Orthopedic Society; I certify that I am a Medical Student.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please mail the following items to the New England Orthopedic Society for application processing:

- Completed New Member Application
- Curriculum Vitae with listing of publications

**New England Orthopedic Society**  
PO Box 549127 | Waltham MA 02454-9127

Or

Miguel Ocque | NEOS Administrator  
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