



# NEW ENGLAND ORTHOPEDIC SOCIETY

## PHYSICIAN MEMBERSHIP APPLICATION

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

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

*Please check your preferred address.*

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

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

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

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

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

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

*For your convenience, attach a business card.*

### Education and Training

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

Medical Degree: \_\_\_\_\_ Year: \_\_\_\_\_

Internship: \_\_\_\_\_

Start/Completion Dates: \_\_\_\_\_

Residency: \_\_\_\_\_

Start/Completion Dates: \_\_\_\_\_

Fellowship: \_\_\_\_\_

Start/Completion Dates: \_\_\_\_\_

Board Certifications with Date Certified: \_\_\_\_\_

Specialty / Subspecialty: \_\_\_\_\_

### Additional Information

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

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

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

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

*\*A reference and sponsor are required, one of whom should be a member of NEOS and the other may be a local physician. A complete NEOS member list may be accessed by contacting Miguel Ocque at [mocque@mms.org](mailto:mocque@mms.org) or (781) 434-7314.*

Date of AAOS Membership or Candidate Membership: \_\_\_\_\_

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

*I hereby apply for membership in the New England Orthopedic Society; I certify that I am an active practicing orthopedic surgeon.*

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
- Member Dues Payment of \$350 made payable to New England Orthopedic Society, check # \_\_\_\_\_

**New England Orthopedic Society**  
Miguel Ocque | NEOS Administrator  
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Phone: (781) 434-7314 Fax: (781) 464-4896