

Missouri State Orthopaedic Association

P.O. Box 2124 Jefferson City, Missouri 65102

Phone - 573-556-MSOA (6762)

Membership Application

| Applicant Information | | | | | | |
|-----------------------------|---------------------------------|------------------------|-----------------|----------------------|-------------|--|
| Full Name: | | | | Date | e: | |
| Office Address: | Last | First | | M.I. | | |
| | Street Address | | | Floor, Suite, Unit # | | |
| Billing/ Correspondence: | City | | | State | ZIP Code | |
| | Chroat Address | | | Aportmont// Init # | | |
| | Street Address Apartment/Unit # | | 7 | | | |
| Office Phone: Office Fax: | City () () | | E-mail Address: | State | ZIP Code | |
| Billing / Corresp | oondence Contact Name: | | | | | |
| Billing / Corresp | oondence Contact Email: | - | | | | |
| Membership Status | • | ve Inactive | Emeritus | Honorary | Resident | |
| (See p. 2 for memb | ership classifications) | | | | | |
| | | Education | | | | |
| College: | | Location: | | | | |
| From: | To: | Did you graduate? | YES NO De | gree: | | |
| Medical School: _ | | Location: | | | | |
| From: | To: | Did you graduate? | YES NO De | gree: | | |
| Internship: | | Location: | YES NO | | | |
| From: | To: | Did you graduate? | | gree: | | |
| Residencies: | | Location: | YES NO | | | |
| From: | To: | Did you graduate? | | gree: | | |
| Post-Graduate: _ | | Location: | | | | |
| From | To: | Description: | | | | |
| Other: | | Location: | | | | |
| From: Staff appointment: | To: | Description: | | | | |
| | | Location: | | | | |
| From: | To: | Nature of appointment: | ☐Active ☐Assoc | iate | nt Courtesy | |

| Practice History | | | | | | | | |
|--|--|-------------------------|--|--|--|--|--|--|
| Where do you pro | actice orthopa | edics in Missouri? | | | | | | |
| Company Name: | | | Department: | | | | | |
| Office Address: | | | | | | | | |
| omeo / taareee. | Street Address | | Floor, Suite, Unit# | | | | | |
| | City | | State | ZIP Code | | | | |
| Is practice limited to Orthopaedic Surgery?: Yes No If so, subspecialty or major area of interest: | | | | | | | | |
| | | Profess | sional | | | | | |
| Membership in pro | ofessional soci | eties and offices held: | | | | | | |
| Other: | | | | | | | | |
| Diplomate of the American Board of Orthopaedic Surgery?: Yes No Date: | | | | | | | | |
| A key component of MSOA is keeping our legislators informed of issues important to our members | | | | | | | | |
| Do you know members of the Missouri General Assembly? | | | | | | | | |
| Do you know Miss | ouri Members | of Congress? | Yes: | | | | | |
| Committee Activity: Are you interested in becoming actively involved in the activities of MSOA? Legislative Issues Conference Planning Program Committee Hosting a Regional Meeting Hosting a Legislative Fundraiser | | | | | | | | |
| ☐ Insurar | st important is nce Reform al Therapy rest | | e of an orthopaedic Physician-owned b Other: | physician in Missouri today? pusiness restrictions | | | | |
| Please return this application to: Missouri State Orthopaedic P.O. Box 2124 Jefferson City, MO 65102 | | Association | 573-556-MSOA phone 573-761-0449 fax | | | | | |

Membership: Association membership shall be open to all Medical Doctors and Doctors of Osteopathy who have graduated from accredited Medical or Osteopathic school and have been trained in a residency program approved by their Residency Review Committee on Orthopaedic Surgery. Members shall practice orthopaedics exclusively and practice or reside in the State of Missouri or one of the contiguous states.

Membership Classifications:

- 1. Active: All who possess academic credentials as set forth in the membership definition. These physicians must be engaged in full time private practice or academic orthopaedics.
- 2. Inactive: Members who possess the qualification for the Active Classification but due to age, ill health, or military service are unable to participate actively in the Association.
- 3. Emeritus: Those having reached 65 years of age and are no longer engaged in the field of orthopaedics as a private practitioner or academic clinician upon completion of five (5) years as an active member.
- 4. Honorary: Memberships in this classification are proposed by the Executive Committee of the Board of Directors and in turn elected by the membership at large.
- 5. Resident: Medical Doctors and Doctors of Osteopathy who are actively participating in an accredited residency program shall be elected by the membership at large into this category.