



# IOWA ORTHOPAEDIC SOCIETY, INC. APPLICATION FOR MEMBERSHIP

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

PRACTICE NAME: \_\_\_\_\_

PRACTICE STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ SPOUSE NAME: \_\_\_\_\_

PROFESSIONAL EDUCATION: \_\_\_\_\_

Institution Degree Date of Graduation

\_\_\_\_\_  
Institution Degree Date of Graduation

POSITIONS HELD SINCE COMPLETION OF EDUCATION:

Position Location Dates

Position Location Dates

MEMBERSHIP IN PROFESSIONAL SOCIETIES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Professional Certification Date: (if applicable) \_\_\_\_\_

Employer/Sponsoring Physician: (must be a member of the Iowa Orthopaedic Society)

\_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Please attach:**

**Letter of Recommendation from Employer/Sponsoring Physician**

**Check for \$150 for first year dues**

**Return form and check to: Mary Bechler, Executive Director – 3817 Chippewa Ct., Sioux City, IA 51104**

**If questions, please contact [mbechler@cableone.net](mailto:mbechler@cableone.net) or call 712/239-1687 or 712/253-0983**