

Connecticut Orthopedic Society

Affiliate Membership Eligibility Requirements and Application

Membership in the Society is a privilege, not a right, which is accorded to a person who meets the qualifications of his or her class of membership.

Affiliate Membership

- A. **Affiliate Membership is available to Connecticut licensed, Physician Assistants of Orthopedic Practices.**
- B. **Affiliate Membership requires application to the Society and annual dues payment of \$150.00.**
- C. **Affiliate Members may attend the Society's Annual Meeting free of charge with current year dues payment.**
- D. **Affiliate members are not allowed to vote, hold office or serve on committees with the exception of serving as guests on committees.**

Please complete (print or type) the application below and mail with current year dues payment to:

Connecticut Orthopedic Society
Administrative Office
26 Riggs Avenue, West Hartford, CT 06107
(860)561-5205 phone Email: sasshops@aol.com

Annual Dues Payment is \$150.00 (checks payable to the **Connecticut Orthopedic Society or complete credit card billing form for annual payment of dues**)

Type of membership applied for **Affiliate Membership(Physician Assistant)**

Name: _____

Practice Name: _____

Business Address: _____

City _____ **Zip** _____

Business Phone: _____ **Fax** _____

E-Mail: _____

Office Manager: _____ **Office Manager Email:** _____

Home Address: _____

City _____ **Zip** _____

Home Phone: _____ **Date of Birth:** _____

Professional Information

PA Program: _____ **Year Obtained:** _____

CT License No.: _____

Supervising Physician's Name _____

Supervising Physician's Practice Name (if different than above) _____

For information only, not a condition of membership

NCCPA Certified? Yes No

Member of AAPA? Yes No

Thank you for your application. If you have any questions, please call the Society's Administrative Office at (860)561-5205.