



# Louisiana Orthopaedic Association

# MEMBERSHIP APPLICATION

PLEASE TYPE OR PRINT LEGIBLY

Name: \_\_\_\_\_  MD  DO  Other \_\_\_\_\_  
Last First MI

Mailing Address: \_\_\_\_\_  
Street or P.O. Box City State Zip

Practice Name: \_\_\_\_\_ Practice Website: \_\_\_\_\_

Office/Billing Address: \_\_\_\_\_  
Street or P.O. Box City State Zip

Office Phone: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Office Email: \_\_\_\_\_ Other (Personal) Email: \_\_\_\_\_

Office Assistant Name: \_\_\_\_\_ Asst. Phone: \_\_\_\_\_ Asst. Email: \_\_\_\_\_

Preferred Method(s) of Contact:  Office Phone  Home/Cell Phone  Office Email  Personal Email  Mailing Address  
 Office/Billing Address  Other:

Medical School: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Date & Location of: Internship \_\_\_\_\_ End Date \_\_\_\_\_

Residency \_\_\_\_\_ End Date \_\_\_\_\_

Fellowship \_\_\_\_\_ End Date \_\_\_\_\_

Subspecialty(s): \_\_\_\_\_

Practice Setting:  Solo Private  Group Private  Multi-Specialty Private  Academic  Military

Hospital Privileges: \_\_\_\_\_

Licensure: State or Province \_\_\_\_\_ Year Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Year Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Has license to practice medicine ever been suspended or revoked? \_\_\_\_\_  Yes  No (If yes, attach explanation)

Certification by American Board of Orthopaedic Surgeons:  Yes  No Year: \_\_\_\_\_

Board Eligible:  Yes  No If "yes", when will you take the examination? (year) Part I \_\_\_\_\_ Part II \_\_\_\_\_

**Membership Categories (Please check appropriate category)**

- Active - \$300** – Active membership is limited to diplomates of the American Board of Orthopaedic Surgery. Active members may attend all meetings of members and Executive Sessions, participate in all proceedings conducted by the Association, serve on the Board of Directors and the Nominating Committee, and be elected to any office within the Association. Active members may vote on any issue to be decided by the membership.
- Associate - \$300** – Individuals who have completed a bona fide orthopaedic residency program and are practicing orthopaedic surgery, but have not ever become diplomates of the American Board of Orthopaedic Surgery, are eligible for Associate membership. Associate members have all the rights of active members, except that of voting, serving on the Board of Directors or the Nominating Committee, and holding office.
- Affiliate / Non-Physician - \$150** - Requires the following qualifications:
  - Graduate from a recognized and accredited professional school with certification as Physician Assistant or Nurse Practitioner, Hold current licensure in their specialty interest in the State of Louisiana, Practice profile is exclusively (100%) musculoskeletal, OR
  - Be employed as the manager of an orthopaedic practice of an LOA Active member and have current membership in the American Academy of Orthopaedic Executives (AAOE).
- Affiliate / Physician - \$300** - Requires the following qualifications:
  - Graduate from a recognized and accredited professional school with certification as Doctor of Medicine or Doctor of Osteopathy, Hold current licensure in their specialty interest in the State of Louisiana, OR
  - Be employed as the manager of an orthopaedic practice of an LOA Active member and have current membership in the American Academy of Orthopaedic Executives (AAOE)
 Application for membership must be sponsored by a physician member of the LOA. Affiliate members have all the rights of active members, except that of voting, serving on the Board of Directors or Nominating Committee, and holding office.

Required Sponsor Name: \_\_\_\_\_ Signature: \_\_\_\_\_

- Candidate - FREE** – Medical doctors who are actively participating in an accredited orthopaedic residency or fellowship program shall be eligible for Candidate membership. Candidate members have all the rights of active members, except that of voting, serving on the Board of Directors or Nominating Committee, and holding office.

Program Director's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

I certify that I meet the above criteria established for the category of membership for which I am applying and authorize the LOA to verify the accuracy of information provided.

Signature of Applicant: \_\_\_\_\_

**PAYMENT OPTIONS**

Check Enclosed (Make payable to LOA - US Funds Only) Please charge my payment to (check one):  Master Card  Visa  Discover

Name on Card (print): \_\_\_\_\_ Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CVW Security Code: \_\_\_\_\_ Signature: \_\_\_\_\_

Credit Card Billing Address \_\_\_\_\_

The Louisiana Orthopaedic Association is an Internal Revenue Code Section 501(c)3 organization. Membership dues may be deducted as a business expense to the extent allowed by law. Charitable donations may be tax deductible as allowed by law. Tax ID# 72-0888676

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