



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 - \$350** – 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 - \$350** - 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 _____

Mail or fax to: P.O. Box 60055 Baton Rouge, LA 70899 (225) 326-1700 Fax: (225) 208-1932 sarah.heath@checkmatestrategies.com www.louisianaortho.org
as a business expense to the extent allowed by law. Charitable donations may be tax deductible as allowed by law. Tax ID# 72-0888676