

Membership Category Information

Fellow Member: Annual Dues \$600 **Active Military Member:** Annual Dues \$200

Membership Criteria Checklist:

- Board certified by ABOS, the Royal College of Physicians & Surgeons of Canada or the American Osteopathic Board of Orthopedics
- Active Fellow of AAOS, a Fellow of the Royal College of Surgeons of Orthopaedics in Canada or an Active Member of the American Osteopathic Academy of Orthopedics
- Perform a minimum of fifty (50) THR and/or THK or osteotomies about the hip or knee annually

Submission Requirements Checklist:

- Completed application form including signature
- List of operative procedures from the prior 12 months (No patient identifiers)
- Copy of your ABOS or RCPC or AOA Certificate
- Two (2) letters of recommendation from AAHKS Fellow members
- A copy of your Curriculum Vitae
- A non-refundable application fee of \$25.00 (USD)

Associate Member: Annual Dues \$500

Membership Criteria Checklist:

- Orthopedic surgeon who does not qualify for Fellow status
- Regularly performs THR and/or TKR or osteotomies about the hip or knee annually

Submission Requirements Checklist:

- Completed application form including signature
- List of operative procedures from the prior 12 months (No patient identifiers)
- Two (2) letters of recommendation from AAHKS Fellow members
- A copy of your Curriculum Vitae
- Copy of your Board certificate, eligibility or legal authority from your country
- A non-refundable application fee of \$25.00 (USD)

Affiliate Member: Annual Dues \$500

Membership Criteria Checklist:

- Non-surgeon professional involved in hip and knee surgery (ie researcher, engineer, scientist or industry leader)

Please note: This status is not open to sales personnel

Submission Requirements Checklist:

- Completed application form including signature
- Two (2) letters of recommendation from AAHKS Fellow members
- A non-refundable application fee of \$25.00 (USD)

Candidate Member: Annual Dues \$300

Membership Criteria Checklist:

- Board-qualified in orthopedic surgery
- Candidate member of or qualified for membership in the AAOS, the Royal College of Surgeons of Orthopaedics in Canada or the American Osteopathic Academy of Orthopedics

Submission Requirements Checklist:

- Completed application form including signature
- List of operative procedures from the prior 12 months (No patient identifiers) (List can be from Fellowship Program)
- One (1) letter of recommendation from an AAHKS Fellow member or your Fellowship Program Director
- A copy of your Curriculum Vitae
- A non-refundable application fee of \$25.00 (USD)

Please Note: Members in this category will be eligible for up to three (3) years, after which they must apply to become a Fellow or Associate Member. They must submit a letter of request to change status and a current list of operative procedures from the prior 12 months.

Resident Member: Annual Dues \$150 with JOA (Journal of Arthroplasty) \$50 without JOA **(please select)**

Membership Criteria Checklist:

- Resident Member of AAOS, the Royal College of Surgeons of Orthopaedics in Canada or the American Osteopathic Academy of Orthopedics

Submission Requirements Checklist:

- Completed application form including signature
- One (1) letter of recommendation from an AAHKS Fellow member or your Resident Program Director
- A copy of your Curriculum Vitae
- A non-refundable application fee of \$25.00 (USD)

Please Note: Members in this category will be eligible for up to five (5) years, after which they must apply to become a Candidate Member. They must submit a letter of request to change status and a current list of operative procedures from the prior 12 months.

Please check which category you are applying for:

Fellow Associate Affiliate Candidate Resident

CONTACT INFORMATION: (please print)

Name _____
First Middle Last Degree(s)

Home Office Address _____

City _____ State _____ Zip _____ Country _____

Phone _____ FAX _____ Email _____

Website _____ Admin Assistant/ Office Manager Name _____

Gender Male Female

PROFESSIONAL INFORMATION:

AAOS/AOAO/RCSOC ID# _____ Current Status _____ Date of Board Certification _____

Please list state(s) of medical licensure and license number(s) _____

Specialty Hip Knee Both Percentage of annual orthopedic practice devoted to total hip and/or knee arthroplasty _____ %

Number of total hip and/or knee arthroplasties performed in the last calendar year _____

Has your license to practice medicine ever been revoked? Yes No If yes, please attach an explanation

Has a state board of medical examiners ever sanctioned you? Yes No If yes, please attach an explanation

Completion of this application form provides your written permission for the Association to investigate your credentials, including, but not limited to contacting any medical society, state licensing board or the hospital at which you have privileges.

Signature _____ Date _____

Note: AAHKS dues are not deductible as charitable contributions, but should be deductible as a business expense, except for the portion used for lobbying, currently 10%, which is not deductible under IRS law. Please contact your tax advisor.

APPLICATION FEE:

The membership application fee is \$25.00 (USD) only.

Check Credit Card

Please make checks payable to AAHKS VISA Master Card American Express

Card No. _____ Exp. Date _____

A receipt will be emailed to email above

Please send requirements for membership to:

Mail - AAHKS, Attn: Krista Stewart, 6300 N. River Rd., Ste 615, Rosemont, IL 60018

Email - krista@aaahks.org

FAX - 847-698-0704

If you have any questions please feel free to contact Krista Stewart 847-384-4376 or krista@aaahks.org