

## 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 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)
- Copy of your ABOS or RCPSO or AOAO 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 Allied Health Professionals, 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      **Active Military Member:** Annual Dues \$100

**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 Orthopedics in Canada or the American Osteopathic Academy of Orthopedics

**Submission Requirements Checklist:**

- Completed application form including signature
- One (1) letter of recommendation from a 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.



# Membership Application

Please check which category you are applying for:

Fellow    Associate    Affiliate    Candidate    Resident   **with JOA   without JOA**  
RESIDENTS ONLY: Please circle above

### CONTACT INFORMATION: (please print)

Name \_\_\_\_\_  
First Middle Last Degree(s)

Home  Office Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_ Email \_\_\_\_\_

Website \_\_\_\_\_ Admin. Assist./Ofc. Mgr. Name \_\_\_\_\_

Gender  Male  Female Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Admin. Assist./Ofc. Mgr. Email: \_\_\_\_\_

### 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](mailto:krista@aaahks.org) FAX - 847-698-0704

If you have any questions please feel free to contact Krista Stewart directly at 847-384-4376.