

## International Membership Category Information

### CRITERIA FOR INTERNATIONAL MEMBERSHIP:

An orthopaedic surgeon, who has an interest in the advancement of orthopaedic knowledge of the hip and/or knee joint in health and/or arthritic disorders, has been certified/licensed outside of the United States or Canada and is currently practicing outside the United States or Canada.

Applicants shall regularly perform total hip and/or knee arthroplasties or osteotomies about the hip and/or the knee and be a member in good standing in their National Orthopaedic Society.

Are you a Member of your National Orthopaedic Society?  Yes  No

Name of your National Orthopaedic Society: \_\_\_\_\_

Is your membership in good standing?  Yes  No

### International Member Annual Dues \$300 (USD)

#### Submission Requirements:

- Completed application form including signature
- A copy of your medical certificate, license, or document granting you legal authority to practice orthopedic surgery in the country in which you work
- A non-refundable application fee of \$25.00 (USD)

### Rights and Duties of International Members:

- a. May vote
- b. May serve on committees of the Association, but not as Chair
- c. May not hold office in the Association as a Director or Officer
- d. Must pay annual dues
- e. Must maintain good professional and ethical standing in their community and country
- f. Are encouraged to attend the annual educational and scientific meeting of the Association

### Please note:

- The application fee is non-refundable
- It is the obligation of the applicant to ensure that all required documents are received by AAHKS within four (4) months of submitting the application. Applications that are not complete within four (4) months will be automatically cancelled
- Documents can be faxed to 847-698-0704 or emailed to [krista@aaahks.org](mailto:krista@aaahks.org)
- For assistance, please contact Krista Stewart at 847-430-5062 or [krista@aaahks.org](mailto:krista@aaahks.org)

# International Membership Application

## CONTACT INFORMATION: (please print)

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

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

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

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

Website \_\_\_\_\_ Admin Assistant/Office Manager Name \_\_\_\_\_

Gender  Male  Female Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Admin Assistant/Office Manager Email \_\_\_\_\_

## PROFESSIONAL INFORMATION:

Date you completed residency/training: \_\_\_\_\_

Date of Certification/recertification (if applicable): \_\_\_\_\_

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

Have you ever been sanctioned by your medical licensing body/authority?  Yes  No **If yes, please attach an explanation**

Please list two (2) references **including email addresses** below: (One must be an AAHKS Fellow Member. The second can be an AAHKS Fellow, Associate or International Member)

**Please contact Krista at [krista@aaahks.org](mailto:krista@aaahks.org) or Patti at [patti@aaahks.org](mailto:patti@aaahks.org) if you need assistance with your reference(s).**

Reference: \_\_\_\_\_ Reference: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

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, licensing or the hospital at which you have privileges.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## APPLICATION FEE: (non-refundable)

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

Check

Please make check payable to **AAHKS**

Credit Card

Wire transfer

**Please contact office for instructions**

VISA  Master Card  American Express

Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

A receipt will be emailed to you

**Upon approval of membership, charge this card for initial dues**

**Please send requirements for membership to:**

**Mail:** AAHKS • Attn: Krista Stewart • 9400 W. Higgins Rd., 230 • Rosemont, IL 60018-4976

**Email:** [krista@aaahks.org](mailto:krista@aaahks.org) **FAX:** 847.698.0704