



SRS

Dedicated to Education,
Research and Treatment
of Spinal Deformity

Application for SRS Membership

Type of Membership (please check one):

Candidate Fellow Associate Fellow

Orthopaedic Surgeon Neurosurgeon Scientist Other _____

Referred by: (optional) _____

Please mail completed application to:
Scoliosis Research Society
555 East Wells Street
Suite 1100
Milwaukee, WI 53202-3823 USA

Personal Information:

First/Given Name: _____ Middle Name: _____

Last/Family Name _____

Degree(s)/Designation (i.e. MD, PhD, FRCS, etc): _____

Date of Birth: _____ Sex: M F

Citizenship: _____

Spouse's Name: _____

Business Address Information:

Institution/Hospital: _____

Street Address: _____

City: _____ State/Province: _____

Postal Code: _____ Country: _____

Email: _____

Phone: _____

Fax: _____

Home Address:

Street Address: _____

City: _____ State/Province: _____

Postal Code: _____ Country: _____

Email: _____

Home Phone: _____

Preferred Mailing Address: Home Office

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www.srs.org

Application

Education:

Undergraduate school(s) Name & Location: _____

Major/Minor: _____

Degree: _____ Date of completion: _____

Graduate School Name & Location: _____

Major/Minor: _____

Degree: _____ Date of completion: _____

Medical School(s) Name & Location: _____

Date of completion: _____

Post Graduate Training

Specialty _____

Internship _____

Residency _____ to/from _____

Fellowship _____ to/from _____

Other Special Education: _____

Are you? (circle one): Board Eligible Please indicate year: _____ OR Board Certified Please indicate year: _____

Please indicate the name of the Board (ABOS, AOBOS, ABNS, or other): _____

or International Board equivalency: _____

Medical License (list type): _____

Other professional certifications: _____

Professional Societies

Please list any Professional Societies of which you are a member _____

Please list any board appointments or other offices _____

Have you attended an SRS meeting (Annual Meeting or IMAST) in the past five years? Yes No

Please list the year and location you attended _____

Have you submitted any abstracts for either the SRS Annual Meeting or IMAST in the past five years? Yes No

(Please note: Scientist applicants applying for Candidate Fellowship must submit one abstract for an SRS Annual Meeting or IMAST prior to applying, others please see page 3 for requirements)

Please list the meeting, year and abstract title _____

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Application

Professional Experience (Please submit this information on a separate sheet, if more space is required)

Please list, in chronological order, your professional experience _____

Please list any university and teaching positions _____

Please list any research position and assignments _____

Please list any publications (annotated bibliography) _____

What % of your clinical experience is spinal surgery? _____

What % of time is spent on spine research? _____

Please list a breakdown of Spine Surgery

Deformity _____ % Clinical _____ % Research

Degenerative _____ % Clinical _____ % Research

Fracture _____ % Clinical _____ % Research

Other _____ % Clinical _____ % Research

Please include a narrative summary of all spinal deformity activities. Include detail of research and investigations in progress or planning stages. (Please submit this information on a separate sheet, if more space is required)

Please indicate why you wish to become a member of the Scoliosis Research Society. _____

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