



Irish-American Orthopaedic Society

Application for Membership

Please send the completed application with payment info to:

IAOS
110 West Road
Suite 227
Towson, MD 21204 USA

Or complete your application online:
iaos.net/join-iaos

NAME (Print clearly): _____

SPOUSE'S NAME: _____

OFFICE ADDRESS **This is my preferred mailing address**

Street/Suite: _____

City/State/Zip: _____

Office Phone/Fax: _____

Email (for IAOS announcements): _____

Dues Payment Options:

2024/2025 Surgeon
\$300 USD
2024/2025 Allied Health
\$150 USD
2024/2025 Emeritus
\$150 USD

2025 Surgeon
\$150 USD
2025 Allied Health
\$75 USD
2025 Emeritus
\$75 USD

2026 Surgeon
\$150 USD
2026 Allied Health
\$75 USD
2026 Emeritus
\$75 USD

2025/2026 Surgeon
\$300 USD
2025/2026 Allied Health
\$150 USD
2025/2026 Emeritus
\$150 USD

Payment Preference:

Credit Card

Check

HOME ADDRESS **This is my preferred mailing address**

Street: _____

City/State/Zip: _____

Home Phone Number: _____

Medical College: _____

Post Graduate Training: _____

Practice: Private Academic Institution Hospital Employee

Other _____

AAOS Member: Yes No FRCS (I): Yes No

Specialty: _____; _____; _____; _____

Recommended By: _____

Check enclosed (make payable to IAOS in US dollars)

Credit Card No.: _____ Exp. Date: _____

Print name as it appears on card: _____ Billing Zip: _____

Signature: _____ Date: _____