

**The International Society of Orthopaedic Surgery and Traumatology
SICOT United States Section**

**Application for Membership
Deadline – January 1**

Application for: **Active Membership**-Member of ____ AAOS; ____ AOA; ____ American Society for Surgery of the Hand
 Affiliate Membership **Candidate Membership**

Please Print or Type

Name: _____
(Last) (First)

Address: _____ Phone: _____
_____ Fax: _____

Email: _____ Date of Birth: _____ Nationality: _____

MEDICAL SCHOOL

Institution: _____ Years: _____

Location: _____

RESIDENCY

Institution: _____ Years: _____

Location: _____

FELLOWSHIP

Institution: _____ Years: _____

Location: _____

To which hospitals are you presently attached?

Teaching positions, past and present:

_____ Years: _____

Applicant's Signature: _____ Date: _____

Please send this form with your CV to:

**SICOT/US Membership Chair
6300 N. River Rd., Suite 727
Rosemont, IL 60018-4226**



THE INTERNATIONAL SOCIETY OF ORTHOPAEDIC SURGERY AND TRAUMATOLOGY

SICOT

United States Section

Membership Guidelines

1. A candidate for Active Membership shall be engaged in the full-time practice of orthopaedic surgery and shall be a member in good standing of the AOA, AAOS, or the American Society for Surgery of the Hand.
2. A candidate for Affiliate Membership shall specialize in related areas of musculo-skeletal medicine or surgery.
3. A candidate for Candidate Membership shall have successfully completed an approved orthopaedic residency program but not yet be a member of the AAOS, the AOA, or the American Society for Surgery of the Hand. The membership shall be limited to three years, after which the individual must meet the requirements for active membership.
4. Applications and supporting materials must be received by January 1 so that they can be reviewed by the membership committee prior to the National Committee Meeting in February or March.
5. Please send a copy of the completed application form with your CV to the chairman of the membership committee.

SICOT/US Membership Chair
6300 N. River Rd., Suite 727
Rosemont, IL 60018-4226
Phone: 847 698-1627 / Fax: 847 823-0536

Please call if you have questions.

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