

NORTH AMERICAN SPINE SOCIETY  
**MEMBERSHIP APPLICATION**



**MEMBERSHIP TYPE**

- Active:** ABMS Board certified MD, DO, or PhD  
Board Certification Name \_\_\_\_\_
- Associate:** Board-eligible MD, DO, or PhD
- Corresponding:** Healthcare professionals outside of North America
- Affiliate:** Allied health professionals  
Occupation \_\_\_\_\_

**PERSONAL AND PROFESSIONAL INFORMATION**

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_ Degree(s) \_\_\_\_\_  
Preferred Mailing Address:  Home  Institution Birth Date \_\_\_\_\_  Male  Female  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_  
E-mail \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Primary Specialty \_\_\_\_\_ Secondary Specialty \_\_\_\_\_  
What percentage of your practice is spine-related?  Less than 25%  25-50%  50-75%  75-100%  
What percentages of your professional activities are spent in: \_\_\_\_\_% Clinical Practice \_\_\_\_\_% Academics \_\_\_\_\_% Research  
Has your ability to practice been limited or restricted by any health care facility, regulatory body or licensure entity?  Yes  No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**REFERENCES**

List two colleagues familiar with your work:

Name \_\_\_\_\_ Phone or E-mail \_\_\_\_\_  
Name \_\_\_\_\_ Phone or E-mail \_\_\_\_\_

**PAYMENT**

Nonrefundable Application Fee: \$50.00

Credit Card:  Visa  MasterCard  AmEx  Check (Made Payable to NASS)  
Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Cardholder Name \_\_\_\_\_ Signature \_\_\_\_\_

**CURRICULUM VITAE/RESUME**

Please submit this application along with a curriculum vitae or resume via one of the following:

**E-mail:** membership@spine.org

**Mail:** Membership Department, North American Spine Society, 7075 Veterans Blvd., Burr Ridge, IL 60527

**Fax:** (630) 230-3700

**AUTHORIZATION**

I hereby release from liability all representatives of the North American Spine Society in connection with evaluating my application, credentials, and qualifications. By signing this application I affirm that information provided is accurate.

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

Office Use Only

Source:  
\_\_\_\_\_