



Coding Membership Application

PERSONAL INFORMATION

Name (including degrees) _____

Institution _____

E-mail Address _____

Address _____

Preferred Billing/Mailing Address: Institution Home

City/State/Zip/Country _____

Citizenship: United States Canada Mexico

Office Phone _____

Other _____

Office Fax _____

Date of Birth _____

Home Address _____

Sex: Male Female

City/State/Zip/Country _____

Home Phone _____

Home Fax _____

EDUCATION/CERTIFICATION

College/University _____ City/State _____ Graduation Year _____

Degree _____ Major(s) _____

Postgraduate _____ City/State _____ Graduation Year _____

Degree _____ Major(s) _____

Other Special Education _____ Start Date _____ End Date _____

Specialty(ies) _____

CPC Certification Yes No Member ID# _____

REFERENCES

Please list two colleagues familiar with your work, preferably NASS members, and identify their specialties. If you do not know any NASS members, list two colleagues. Limit one per partner/practice. **OPTIONAL:** Have each submit a recommendation letter to NASS.

Name _____ Specialty _____ City/State/Province _____

Phone _____ E-mail _____

Name _____ Specialty _____ City/State/Province _____

Phone _____ E-mail _____

WHY DO YOU WISH TO BECOME A MEMBER OF THE NORTH AMERICAN SPINE SOCIETY?

NONREFUNDABLE APPLICATION FEE: \$50

A credit card authorization or check made payable to the North American Spine Society in US Dollars drawn on a US bank must accompany this application form. Check enclosed Please charge my: Visa MasterCard AmEx

Card No. _____ Exp. Date _____

Name on Card _____ Signature _____

AUTHORIZATION

By applying for membership in the North American Spine Society, I agree to be bound by the Bylaws and the Rules and Regulations of the North American Spine Society.

I am willing to appear for an interview if necessary. I hereby authorize the North American Spine Society and its representatives to consult with individuals or institutions with which I have been associated and to obtain information bearing on my professional competence, character and ethical qualifications.

I hereby release from liability all representatives of the North American Spine Society and their representatives for their acts performed in good faith and without malice in connection with evaluating my application, my credentials and my qualifications. I also release from any liability all individuals and organizations who provide information about me to the North American Spine Society in good faith and without malice, and I thereby consent to the release of such information.

Signature _____

Dated this _____ day of _____, 20_____

Please mail or fax your completed form with all attached documents to:

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

Fax: (630) 230-3700