



ALABAMA ORTHOPAEDIC SOCIETY

New & Existing Physicians Annual Membership Registration

312-T Schillinger Rd South, #307 Mobile, AL 36608
(251) 388 - 1634 | membership@alorthosociety.org
www.aosdocs.com

WAYS TO SUBMIT: Paying by Card - Scan form and send to email above / Paying by Check - Mail to AOS

CONTACT INFORMATION

Please check one of each of the following: New Member Existing Member | MD DO

First Name _____ Last Name _____

Practice Name _____

Practice Address _____

City _____ State _____ Zip _____

Practice Phone (____) _____ - _____ Practice Email _____

Website _____

Fellowship Subspecialty _____

NPI _____ DOB _____ / _____ / _____

Home Address _____

City _____ State _____ Zip _____

Personal Cell (____) _____ - _____ Personal Email _____

PAYMENT REGISTRATION INFORMATION

Please note that all credit card transactions will incur a 3.5% administrative charge.

Member Type (Choose one)	Quantity	Total Cost
<input type="checkbox"/> New / Existing Physician (Card)	1	\$400 + \$14 = \$414
<input type="checkbox"/> New / Existing Physician (Check)	1	\$400

Please select one of the following payment types: Credit Card Check

Pay by Credit Card Card # _____ Exp ____ / ____ CVV _____

Name on Card _____ Mailing Address _____

City _____ State _____ Zip _____

Pay by Check Make checks payable to **Alabama Orthopaedic Society** (see top of form for address)

SIGNATURE _____ DATE _____ / _____ / _____