



ALABAMA ORTHOPAEDIC SOCIETY

Group Annual Membership Registration (STEP 1 of 2)

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

WAYS TO SUBMIT: Scan form and send to email above along with spreadsheet

IMPORTANT REQUIREMENT!!

All members of your practice group must submit dues in order to receive the discounted price. You must also use the Group Annual Membership Template (Excel spreadsheet) found on the website, or via the link below, when emailing the list of physicians. Once you email this form with the spreadsheet, Rhonda will email you the Invoice form (Step 2 or 2). Before you proceed, please place a check on the line to acknowledge that you understand the requirements.

I acknowledge the requirements

CONTACT INFORMATION

First Name _____ Last Name _____

Practice Name _____

Practice Address _____

City _____ State _____ Zip _____

Practice Phone (____) _____ - _____ Practice Email _____

Website _____

What position do you hold with the practice you are registering for?

Practice Manager Business Manager Office Manager Other _____

PHYSICIANS INFORMATION

Email this registration form with the Excel spreadsheet containing all of the physician's information to membership@alorthosociety.org. You must use the [AOS Group Annual Membership Template](#). After filling out the spreadsheet it must be saved in one of the following formats: **.XLS, .XLSX or .CSV**. Once you have downloaded the spreadsheet and completed it, make sure you have saved it before emailing it to Rhonda.

Total number of physicians listed on Excel spreadsheet _____

SIGNATURE _____ DATE _____ / _____ / _____