AMERICAN
ORTHOPAEDIC
SOCIETY OF 3D PRINTING

MEMBERSHIP APPLICATION

CONTACT INFORMATION

☐ Dr. ☐ Mr. ☐ Ms. ☐ Jr. ☐ Sr. ☐ III ☐ IV ☐ V

First Name | Middle Name | Last Name

Degree ☐ MD ☐ DO ☐ Other _____ ☐ Additional Credentials _____

Title | Company | Address 1 | Address 2

City | State/Province | Zip/Postal Code | Country

Email | Work Phone | Mobile Phone | Fax

MEMBERSHIP LEVELS

	1 YEAR
Physician Member	☐ $150
Non-Physician Member	☐ $100
Student/Resident	☐ $ 50
Industry Member	☐ $200

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PAYMENT INFORMATION

☐ Payment by Check
Payable to: AOS 3DP

☐ Payment by Credit Card

☐ Visa ☐ MasterCard ☐ Amex ☐ Discover

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