



Cervical Spine Research Society

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 Email: csrs@aaos.org • Website: www.csrs.org

CANDIDATE MEMBERSHIP APPLICATION FORM

Deadline to submit the complete application and all accompanying documents is September 15, 2018

Instructions:

- Please read the eligibility criteria carefully (included on page 3 of this form).
- Please type into the fields. Fields marked with an * **MUST** have a response.
- This is an Adobe PDF form and may not be fully compatible with a Mac platform. Whether you are using a Mac or a PC, you **MUST** save this form to your system before filling in the fields.
- Please submit your completed application form, along with all required documents, at one time. All file attachments must be clearly marked with your last name.

*Applicant's Name:						
	(Last)	(First)		(Middle initial(s))		
*Date of birth:	Month:		Day:		Year:	
*Credentials:				*Desired membership category:	<input type="checkbox"/> Candidate	

SPONSOR INFORMATION

*Primary sponsor CSRS member	
(Full name)	

APPLICANT'S CURRENT EMPLOYMENT INFORMATION

*Current position/title:	
*Institution:	
*Address:	
*City:	
State/Province:	
*Postal/Zip code:	
*Country:	
*Telephone:	
*Fax:	
*Email address:	
Assistant's name:	
Assistant's email:	
Institution's website:	

SPECIALTY

<input type="radio"/> Orthopaedics	<input type="radio"/> Neurosurgery	<input type="radio"/> Other _____
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APPLICANT'S PERSONAL STATEMENT

* Personal statement indicating your desired participation in the Cervical Spine Research Society.

APPLICANT'S CHECK LIST

- Completed application form: **please make sure that all questions marked with an * have been answered**
- Current curriculum vitae
- One sponsor letter from a CSRS Active Member
- Bibliography of publications
- List of current research in progress
- Recent digital photograph

I hereby certify that the information provided in this application form is accurate to the best of my knowledge and belief. I acknowledge and agree that completion of this application grants the Cervical Spine Research Society my permission to take any necessary steps to verify my credentials and qualifications, including, but not limited to, contacting any organization, licensing board, or institution listed above or listed in the enclosed CV.

***Signature of applicant (typed name or electronic signature acceptable):** _____

***Date:** _____

CSRS CANDIDATE MEMBERSHIP CRITERIA

Candidate Member Criteria

1. Individuals from North and South America who show a demonstrated interest in disorders of the cervical spine.
2. Individuals shall be within 5 years of completing their training program and be Board eligible.
3. Upon completion of Board certification, Candidate Members are required to apply for full Active Membership.
4. Candidate Members have no voting rights and are not eligible to hold office.
5. Attendance at a CSRS meeting within 3 years is required.