



Cervical Spine Research Society

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

MEMBERSHIP APPLICATION FORM

Deadline to submit the complete application and all accompanying documents is September 15, 2019

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:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	(Last)	(First)	(Middle initial(s))
*Date of birth:	Month: <input type="text"/>	Day: <input type="text"/>	Year: <input type="text"/>
*Credentials:	<input type="text"/>		
	*Desired membership category:		<input type="checkbox"/> Active <input type="checkbox"/> Corresponding

SPONSOR INFORMATION

*Primary sponsor CSRS member	*Secondary sponsor CSRS member	*Third sponsor CSRS member
(Full name)	(Full name)	(Full name)

APPLICANT'S CURRENT EMPLOYMENT INFORMATION

*Current position/title:	<input type="text"/>
*Institution:	<input type="text"/>
*Address:	<input type="text"/>
*City:	<input type="text"/>
State/Province:	<input type="text"/>
*Postal/Zip code:	<input type="text"/>
*Country:	<input type="text"/>
*Telephone:	<input type="text"/>
*Fax:	<input type="text"/>
*Email address:	<input type="text"/>
Assistant's name:	<input type="text"/>
Assistant's email:	<input type="text"/>
Institution's website:	<input type="text"/>

SPECIALTY

<input type="radio"/> Orthopaedics	<input type="radio"/> Neurosurgery	<input type="radio"/> Other _____
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APPLICANT'S PERSONAL INFORMATION	
*Home address:	
*City:	
State/province:	
*Postal/zip code:	
Country:	
*Telephone:	
Fax:	
*Email address:	
Mobile phone:	
Name of spouse or domestic partner (if applicable):	
Email of spouse or domestic partner (if applicable):	

APPLICANT'S PROFESSIONAL AFFILIATIONS AND CERTIFICATIONS	
Board certification (year):	
According to AMA Guidelines, licensed to practice medicine in:	
Membership in other professional organizations:	
Active hospital appointments:	
Academic affiliations:	

APPLICANT'S PROFESSIONAL TRAINING			
EDUCATION	SCHOOL	DEGREE	YEARS
Pre-Medical:			
Medical:			
Internship			
Residency:			
Fellowship (or other):			
Graduate Education:			

APPLICANT'S CSRS MEETING HISTORY/INVOLVEMENT		
Meeting attendance (please list year of meetings you have attended):		
I was/am an author on a Paper/Poster presented at the following CSRS Annual Meeting(s):		
YEAR	TITLE OF WORK	LOCATION OF MEETING

APPLICANT'S PERSONAL STATEMENT

* Personal statement indicating your desired participation in the Cervical Spine Research Society, and how you will contribute to its mission.

APPLICANT'S CHECK LIST

- Completed application form: **please make sure that all questions marked with an * have been answered**
- Current curriculum vitae
- Three sponsor letters from CSRS members
- 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 MEMBERSHIP CRITERIA

Active Member:

1. Demonstrated interest in the cervical spine.
2. Advance degree for nonclinical specialists or Board Certification for clinical specialists.
3. Three letters of recommendation, all of which must be members of the Cervical Spine Research Society.
4. Attendance of at least one of the CSRS US Section Annual Meetings prior to consideration of your application.
5. Author or co-author on a paper or poster presented at one US Section CSRS Annual Meeting prior to consideration of your application.

In order to retain Active Member Status:

Each active member is also required to demonstrate active participation in the affairs of the Society including one or more of the following at least once every 4 years:

1. Submit a Scientific Paper for presentation at a scientific seminar; serve on a Committee; present at an Instructional Course; serve as a Moderator or Presenter at a scientific seminar of the US Section.
2. Participate in Society research and data collection studies as directed.
3. Attend a US Section Annual Meeting.

Corresponding Membership Criteria:

1. Practice outside the United States and Canada.
2. Demonstrated interest in the cervical spine.
3. Advance degree for nonclinical specialists or Board Certification for clinical specialists.
4. Three letters of recommendation, all of which must be members of the Cervical Spine Research Society.
5. Attendance of at least one of the CSRS US Section Annual Meetings prior to consideration of your application.

*Presentation of a paper at an Annual Meeting is not a pre-requisite for Corresponding membership consideration.