



# Application for Membership

## North Carolina Spine Society

Full Name (no initials) <input type="checkbox"/> MD <input type="checkbox"/> _____	Spouse's Full Name	Is Spouse a Physician? <input type="checkbox"/> Yes <input type="checkbox"/> No	County
Practice Name		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth
Business Address (preferred address? <input type="checkbox"/> Yes <input type="checkbox"/> No) _____		City, State, Zip _____ Business Telephone _____	
Home Address (preferred address? <input type="checkbox"/> Yes <input type="checkbox"/> No) _____		City, State, Zip _____ Home Telephone _____	
Preferred Email	Business Fax	Send Publications to: <input type="checkbox"/> Preferred Email <input type="checkbox"/> Secondary Email	
Secondary Email	Home Fax	<input type="checkbox"/> Business Fax <input type="checkbox"/> Home Fax	
Medical Education (Current Name of School)	Graduation Date	Last Year of Training	Year of Initial License
NC Medical License Number	Date Licensed	Primary Specialty	<input type="checkbox"/> Board Certified <input type="checkbox"/> Board Eligible
Other Languages Spoken		Secondary Specialty	<input type="checkbox"/> Board Certified <input type="checkbox"/> Board Eligible
If elected to membership, I agree to conduct myself professionally according to the principles of medical ethics and to be governed by the Bylaws of the North Carolina Spine Society. (A copy of this document may be obtained from the NCMS – Specialty Societies office).		<b>For office use only:</b> This applicant was elected to membership on <div style="text-align: center;">_____</div> Date <div style="text-align: center;">_____</div> NCSS Officer	
_____ Applicant	_____ Date		

### NCSS Membership Structure - \$25.00 application fee

**Active Member:** Physician in a spine-oriented practice.

**Annual Dues: \$200**

**Affiliate Member:** Nurses, technicians, PA's and PA-C's employed by an active member.

**Annual Dues: \$50**

**TOTAL:** \_\_\_\_\_ I've enclosed a check made payable to the NCSS. \_\_\_\_\_ Please invoice me.

Please return this form to **NCSS, PO Box 27167, Raleigh, NC 27611** or fax to **(919) 833-2023**.  
 For questions regarding dues, please call the NCMS - Specialty Societies Department at (800) 722-1350.