



North Carolina Orthopaedic Association

PO Box 27167 | Raleigh, NC 27611 | Tel: 919-833-3836 | Fax: 919-833-2023

E-mail: ncoa@ncmedsoc.org | Website: www.ncorthopaedics.org

Application for Active Membership

Complete this form or join online at www.ncorthopaedics.org

Section I

Full Name: _____ Date of Birth: _____

Email: _____

Practice Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Business Telephone: _____ Fax: _____

Section II

Medical School: _____ Year of Graduation: _____

Residency Program: _____ Year of Completion: _____

Fellowship Program: _____ Year of Completion: _____

Are you a member of the American Academy of Orthopaedic Surgeons? Yes No

Is your practice limited to orthopaedics? Yes No If no, additional practice area(s): _____

Are you licensed to practice medicine in North Carolina? Yes No License number: _____

Section III

2016 Membership Dues: \$250 Check MasterCard Visa

Card number: _____ Exp. Date: _____ CVV: _____

Applicant's Signature _____ Date: _____

Complete and return this form by mail or fax to:

NCOA, PO Box 27167, Raleigh, NC 27611 | Fax: 919-833-2023

Federal Law requires us to notify members that 100% of the 2016 NCOA dues amount paid by members is not deductible in accordance with IRC section 6033 regarding professional dues. For your records, 100% of dues was not deductible in 2015. Dues to NCOA are not deductible as charitable contributions for Federal income tax purposes. However, they may be tax deductible under other provisions of the Internal Revenue Code.