

MUSCULOSKELETAL TUMOR SOCIETY

MEMBERSHIP APPLICATION

DEADLINE: AUGUST 1

MISSION

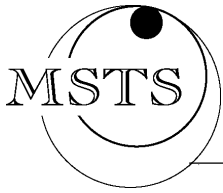
The mission of the Musculoskeletal Tumor Society is to advance the science of orthopaedic oncology and to promote high standards of patient care. It does this through excellence in education and research and through advocacy on behalf of patients and orthopaedic oncologists.

VISION

The Musculoskeletal Tumor Society is the recognized authority on all aspects of orthopaedic oncology, is an influential participant in policy-making for oncology services, and is responsive to the needs of orthopaedic oncologists and their patients.

GOALS

- MSTS will be the preeminent source of high quality education on orthopaedic oncology.
- MSTS will foster and facilitate research in orthopaedic oncology to improve clinical outcomes for patients.
- MSTS will play a leadership role in policy-making and advocacy on behalf of orthopaedic oncologists and their patients.
- MSTS will promote high standards for the clinical practice of orthopaedic oncology.
- MSTS will cultivate a vital, involved membership.
- MSTS will operate in a fiscally prudent manner.
- MSTS will structure itself in a way that is representative of the membership, provides accountability, and furthers the goals of the Society.



MUSCULOSKELETAL TUMOR SOCIETY

P.O. BOX 320062, ALEXANDRIA, VIRGINIA 22320 USA

WEB SITE: [HTTP://WWW.MSTS.ORG](http://www.msts.org)

703/548-2112

FAX: 703/548-4882

E-MAIL: INFO@MSTS.ORG

Classes of Membership: Member, Associate Member, Affiliate Member, Emeritus Member, and Candidate Member.

Rights of Members and Associate Members: Duly elected Members and Associate Members shall have all rights and privileges with regard to participation in the educational, programmatic, study activities, and other work of the MSTS and voting during the business meetings of the MSTS.

Requirements for Membership as a Member:

A physician shall be eligible to apply for membership as a Member if he or she:

- holds a degree of Doctor of Medicine, or equivalent
- maintains a valid and unrestricted license to practice medicine in the United States, Canada or the country in which the practice of medicine is regularly conducted
- is actively engaged in the surgical care of musculoskeletal tumors who has shown a commitment to the field
- is an author of two or more tumor-related papers in a refereed journal (not a case report)
- is ABOS or Canadian FRSC certified or equivalent
- is a member of AAOS or Canadian Orthopedic Association or equivalent
- has completed an MSTS-recognized orthopaedic oncology fellowship or has been in a musculoskeletal tumor related practice for five years
- has been invited and formally recommended by a Member, Associate Member, or Affiliate Member of good standing in the MSTS
- has been supported by letters of recommendation from an additional two Members, Associate Members, or Affiliate Members who are knowledgeable of the candidate
- has completed a formal MSTS application
- has included a list of tumor-related surgical cases in the preceding 12 months to document the degree of practice involvement with musculoskeletal tumors
- maintains a good reputation and standing within his or her community and is high of ethical character and professional repute.
- Upon acceptance of membership status, member must attend at least 1 annual meeting every three years, or provide letter documenting inability to attend.

Rights of Affiliate Members, Candidate Members and Emeritus Members:

Duly elected Affiliate Members, Candidate Members, and Emeritus Members shall have all rights and privileges with regard to attendance at the meetings, participation in the educational, programmatic study activities, and other work of the MSTS. Affiliate Members, Emeritus Members, and Candidate Members shall not have the right to vote or hold office.

Requirements for Associate Membership:

A physician shall be eligible to apply for membership as an Associate Member if he or she:

- holds a degree of Doctor of Medicine or equivalent
- maintains a valid unrestricted license to practice medicine outside North America
- lives outside North America
- otherwise qualifies under Member requirements, but because of distance to annual meetings would be unable to attend regularly.

Requirements for Affiliate Membership:

A physician shall be eligible to apply for membership as an Affiliate Member if he or she:

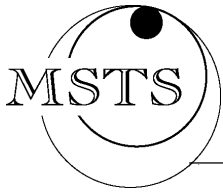
- holds a degree of Doctor of Medicine, or equivalent
 - maintains a valid and unrestricted license to practice medicine in North America
 - is Board certified in his or her specialty
 - is involved in the diagnosis and treatment of bone or soft tissue tumors
 - maintains a good reputation and standing within his or her community
 - is of high ethical character and professional repute
- Specifically, Affiliate Membership is limited to the following six areas of specialties of medicine:
- | | |
|-----------------------|-----------------------|
| 1) Surgery | 2) Medical Oncology |
| 3) Pediatric Oncology | 4) Radiation Oncology |
| 5) Radiology | 6) Pathology |

Becoming a Member, an Associate Member or Affiliate Member:

The candidate shall file an application; a curriculum vitae; a formal recommendation by a Member, Associate Member, or Affiliate Member in good standing in the MSTS, and two letters of recommendation by two Members, Associate Members or Affiliate Members of the MSTS who are knowledgeable of the candidate with the Chairperson of the Membership Committee, or the Secretary-Treasurer on the form prescribed by the Executive Committee, to be received by the Secretary or Chairperson of the Membership Committee by April 1, prior to the next annual meeting. The candidate shall become a Member, Associate Member or Affiliate Member upon recommendation by majority vote of the Membership Committee and approval of the recommendation by vote of the majority of those present at the annual meeting and upon payment of all applicable dues and assessments for the then-current year.

Becoming a Candidate Member:

Applicant shall submit one letter of recommendation from his or her MSTS-recognized orthopaedic oncology Fellowship Director. Applicant shall become a Candidate Member on approval by the Membership Chair. Candidate members are required to pay dues.



MUSCULOSKELETAL TUMOR SOCIETY

MEMBERSHIP APPLICATION

Please Type or Print

Applying for Membership as: Member Associate Affiliate Candidate

DEADLINE

Deadline for submitting this application is: _____

PERSONAL INFORMATION

Name _____
Date of Birth _____
Place of Birth _____
Home Address _____

City _____
State _____ Zip _____
Home Telephone _____

OFFICE INFORMATION

Title _____
Office Address _____

City _____
State _____ Zip _____
Office Telephone _____
Office Fax _____
Office E-mail _____

RECOMMENDATIONS

Recommendation (proposer and two seconding sponsors – all must be MSTS Members). Please note: The letters from each of your sponsors must be sent directly to the Chair of the Membership Committee.

Proposing Sponsor _____
Facility _____
1st Seconding Sponsor _____
Facility _____
2nd Seconding Sponsor _____
Facility _____

EDUCATION

College or University _____

Degree _____
Date _____
Medical School _____

Degree _____
Date _____
Internship _____

Date _____
Residency _____

Date _____
Fellowship _____

Date _____
Military _____
Other post-graduate work _____

CERTIFICATION

Date of American Board of Orthopaedic Surgery certification _____

Date of Canadian F.R.C.S.-C. certification _____
Date admitted to the American Academy of Orthopaedic Surgeons (A.A.O.S.) _____
Date admitted to the Canadian Orthopaedic Association (C.O.A.) _____

Other Board Certification _____
_____ Date _____

PROFESSIONAL AFFILIATIONS

Hospital affiliation and staff appointments since completion of residency training:

Institution _____

City _____ State _____

Staff Position _____ From _____ To _____

Institution _____

City _____ State _____

Staff Position _____ From _____ To _____

Institution _____

City _____ State _____

Staff Position _____ From _____ To _____

Institution _____

City _____ State _____

Staff Position _____ From _____ To _____

Institution _____

City _____ State _____

Staff Position _____ From _____ To _____

Institution _____

City _____ State _____

Staff Position _____ From _____ To _____

Medical Societies (other than A.A.O.S. and F.R.C.S.-C.)

LITERATURE CONTRIBUTIONS

The MSTs Bylaws requirement on literature contributions are as follows: "An applicant must be senior author of one or more tumor-related papers in a refereed journal (not a case report) and one co-author of two or more tumor-related papers or case reports. At least one of the three papers should be clinically related."

Applicant as senior author: _____

Applicant as co-author (may be case report): _____

Applicant as co-author (may be case report): _____

INTERESTS & ACTIVITIES

Areas of Clinical Interest _____

Areas of Research Interest _____

Describe your current practice time allocation (full-time academic, clinical, and basic science)

Describe the percentage (%) of tumor or tumor related activity for the above

OTHER REQUIREMENTS


- Please attach a recent photograph
- Enclose a copy of your curriculum vitae
- Enclose a list of your tumor and tumor-related cases over the past 12 months
- Read the agreement below and sign if in agreement:

Agreement

It is specifically agreed by the undersigned that in consideration MSTs's treatment of the entire contents of this application as well as all inquiries or investigations made pursuant thereto as privileged and confidential material, and not subject to publication or public dissemination whether voluntarily or by operation of law, that the undersigned specifically authorizes MSTs to make whatever inquiries and investigation it deems necessary to verify the credentials, professional standing and moral, ethical character of the undersigned. The undersigned further agrees that he will not cause or attempt to cause any public disclosure of the contents of any application with any applicant for Membership in the MSTs or any proceedings of any Membership Committee or Board of Directors, whether said public disclosure be by operation of law or otherwise.

Signature of Applicant _____

Date _____

 Please mail the completed application and enclosed requests to: Joe Benevenia, MD
 UMD-UH
 140 Bergen St., ACC D-1610
 Newark, NJ, 07103 USA

Office use only

Action

Membership Committee _____ Date _____

Board of Directors _____ Date _____

Applicant Notified _____ Date _____