

**MUSCULOSKELETAL TUMOR SOCIETY  
 MEMBERSHIP APPLICATION**

  
 insert picture file by clicking center icon

**MISSION:** The Musculoskeletal Tumor Society will advance the science of orthopaedic oncology and promote high standards of patient care through excellence in education and research**.**

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

Date: Click to enter date

**PERSONAL INFORMATION**

|  |
| --- |
|  |

Name: Click here to enter text

Date of Birth: Enter mm/dd/yy

NPI Number: Click here to enter text

AAOS ID: Click here to enter text

Location of Fellowship: Click here to enter text Fellowship Director: Click here to enter text

Fellowship Start Date: Click to enter year Fellowship Completion Date: Click to enter year

Type of Fellowship Program: Click here to enter text

Please check if you are Active Duty Military – *Military Members receive a 50% discount while on Active Duty*

|  |  |  |
| --- | --- | --- |
|  | OFFICE (check if primary mailing address) | HOME (check if primary mailing address) |
| Co. Name: | Click here to enter text |  |
| Street: | Click here to enter text | Click here to enter text |
| City, State, Zip: | Click here to enter text | Click here to enter text |
| Phone: | Click here to enter text | Click here to enter text |
| Fax: | Click here to enter text | Click here to enter text |
| Email: | Click here to enter text | Click here to enter text |

**TYPE OF MEMBERSHIP**

|  |  |  |
| --- | --- | --- |
| CHOOSE ONE |  | ANNUAL DUES |

**ACTIVE $ 450**  
*A physician shall be eligible to apply for membership as an Active 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 or Canada; is engaged in the surgical care of musculoskeletal tumors; is an author of two or more tumor-related papers in a referenced journal (not a case report); is American Board of Orthopaedic Surgeons or Canadian Royal College of Surgeons of Canada-Orthopaedics FRCSC certified; is an American Academy of Orthopaedic Surgery Fellow or Canadian Orthopedic Association; and has completed a Society-recognized orthopaedic oncology fellowship*.   
  
*Duly elected Active Members shall have all rights and privileges with regard to participation in all Society activities. Active Members and Associate Members shall be eligible to serve on the Executive Committee and other committees of the Society. Active Members shall be entitled to vote on all matters submitted to a vote of the membership of the Society.*

**AFFILIATE $ 400**  
*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, such as Doctor of Veterinary Medicine (DVM) or Medicinae Baccalaureus, Baccalaureus Chirurgiae (MBBC), maintains a valid and unrestricted license to practice medicine, is Board certified in his or her specialty, and is involved in the diagnosis and/or treatment of bone or soft tissue tumors. Specifically, Affiliate Membership is available to the following seven areas of specialties of medicine: 1) Surgery; 2) Medical Oncology; 3) Pediatric Oncology; 4) Radiation Oncology; 5) Radiology; 6) Pathology; and 7) Veterinary Oncology.   
  
Affiliate Members shall have all rights and privileges with regard to participation in Society activities and meetings, though they shall not have the right to vote or serve on the Executive Committee or other committees of the Society.*

**ASSOCIATE $ 450**  
*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 the USA or Canada, lives outside the USA or Canada, and meets the other eligibility requirements as an Active Member.  
  
Duly elected Associate Members shall have all rights and privileges with regard to participation in all Society activities. Active Members and Associate Members shall be eligible to serve on the Executive Committee and other committees of the Society. Associate Members shall be entitled to vote on all matters submitted to a vote of the membership of the Society.*

**CANDIDATE $ 300**  
*A physician shall be eligible to apply for membership as a Candidate Member if he or she holds a degree of Doctor of Medicine, or equivalent, maintains a valid and unrestricted license to practice medicine, and is enrolled in or has completed a Society-recognized orthopaedic oncology fellowship. Candidate Membership shall not extend longer than 5 years.   
  
Candidate Members shall have all rights and privileges with regard to participation in Society activities and meetings, though they shall not have the right to vote or serve on the Executive Committee or other committees of the Society.*

**EMERITUS NONE**  
*A physician shall be eligible to become an Emeritus Member if he or she has been a member of the Musculoskeletal Tumor Society for the past five years and is retired from the active practice of clinical medicine.  
  
Emeritus Members shall have all rights and privileges with regard to participation in Society activities and meetings, though they shall not have the right to vote or serve on the Executive Committee or other committees of the Society.*

**RESIDENT $ 50**  
*A physician shall be eligible to apply for membership as a Resident Member if he or she holds a degree of Doctor of Medicine, or equivalent, and has commenced the study of orthopaedics with the intention of ultimately applying to become a Candidate Member in the Society. Resident Membership is limited to those physicians enrolled in an Accreditation Council for Graduate Medical Education (ACGME)-accredited or a Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited residency program.  
  
Resident Members shall have all rights and privileges with regard to participation in Society activities and meetings, though they shall not have the right to vote or serve on the Executive Committee or other committees of the Society.*

**RECOMMENDATIONS**

|  |
| --- |
|  |

Two (2) Letters of Recommendation (1 proposer and 1 seconding sponsors) are required from MSTS Members. Incomplete applications will be deferred to the next round of review.  
  
**Candidate Applicants:** Please have your MSTS recognized orthopaedic oncology Fellowship Director submit a letter of recommendation to fulfill this requirement.  
  
**Resident Applicants**: Please have your Program Director submit a letter of recommendation to fulfill this requirement.  
  
Please list the names of the members from whom these will be sought. Please use this link in the event you are unsure whether a sponsor is a member <http://www.msts.org/directory/search.aspx?directory=public>

Sponsor 1 Name: Click here to enter text Email: Click here to enter text

Sponsor 1 Facility: Click here to enter text

Sponsor 2 Name: Click here to enter text Email: Click here to enter text

Sponsor 2 Facility: Click here to enter text

**CERTIFICATION** – *required of Applicants seeking Active, Associate or Affiliate Membership*

|  |  |
| --- | --- |
| TYPE OF CERTIFICATION | DATE OF CERTIFICATION |
| American Board of Orthopaedic Surgery (ABOS) – *US Applicants* Royal College of Physicians and Surgeons of Canada – *Canadian Applicants* | Click here to enter date |
| Fellow of AAOS – *US Applicants* Active Member of Canadian Orthopaedic Association – *Canadian Applicants* | Click here to enter date |
| American Board of Medical Specialties (ABMS) Choose an item. | Click here to enter date |
| Other Click here to enter text | Click here to enter date |
| Other Click here to enter text | Click here to enter date |
| Other Click here to enter text | Click here to enter date |
| Other Click here to enter text | Click here to enter date |
| Other Click here to enter text | Click here to enter date |
| Other Click here to enter text | Click here to enter date |

**LITERARY CONTRIBUTIONS**

|  |
| --- |
|  |

**To Become an Active Member,** The MSTS Bylaws’ requirement on literary contributions is as follows: “An applicant must be an author on two or more tumor related papers in a referenced journal (not a case report). At least one of the papers should be clinically related.”

|  |  |  |
| --- | --- | --- |
| TITLE OF WORK: | Senior Author | Co-Author |
| Click here to enter text |  |  |
| Click here to enter text |  |  |
| Click here to enter text |  |  |

**INTERESTS & ACTIVITIES**

|  |
| --- |
|  |

Areas of Clinical Interest: Click here to enter text

Areas of Research Interest: Click here to enter text

Describe your current practice time allocation:

Full Academic: Click here to enter percentage

Clinical: Click here to enter percentage

Basic Science: Click here to enter percentage

**AGREEMENT**

|  |
| --- |
|  |

The applicant agrees the entire contents of this application are privileged and confidential material and are not subject to publication or public dissemination whether voluntarily or by operation of law. The applicant specifically authorizes MSTS to make any and all inquiries deemed necessary to verify the credentials, the professional standing, and the moral and ethical character of the applicant. The applicant further agrees he/she will not cause or attempt to cause any public disclosure of the contents of any application for membership in the MSTS, or any proceedings of the Membership Committee or the Board of Directors.

|  |  |
| --- | --- |
| Member Signature: (click center icon to insert picture file) |  |
| Date: Click here to enter date |



**I N S T R U C T I O N S**

**REQUIREMENTS BY MEMBERSHIP TYPE**

|  |
| --- |
|  |

**Active, Associate, or Affiliate Member Applicants**Active, Associate and Affiliate applicants shall submit a file containing the following documents in the order stated:

* the MSTS membership application
* CV
* a list of tumor and tumor related cases over the past 12 months - [please click here](https://www.msts.org/index.php/membership) to download the template from the MSTS website
* a nominating letter
* one seconding letter from MSTS Active, Associate or Affiliate Members
* photo

**Candidate Member Applicants**Candidate Member applicants shall submit a file containing the following documents in the order stated:

* the MSTS membership application
* CV
* one letter of recommendation from his/her MSTS recognized Orthopaedic Oncology Fellowship Director
* photo

**Resident Member Applicants**Resident Member applicants shall submit a file containing the following documents in the order stated:

* the MSTS membership application
* CV
* one letter of recommendation from his/her Program Director
* photo

**ELECTRONIC SUBMISSION OF FINAL FILE**

|  |
| --- |
|  |

* PLEASE INSERT CV, LETTERS OF RECOMMENDATION AND ANY OTHER ATTACHMENTS AS SUBSEQUENT PAGES;
* PLEASE SAVE AS ONE COMPLETE DOCUMENT FILE;
* PLEASE USE YOUR LAST NAME IN THE FILE NAME WHEN SAVING THE NEW FILE;
* PLEASE EMAIL NEW, COMBINED FILE TO [info@msts.org](mailto:info@msts.org)

**QUESTIONS or ASSISTANCE**Contact the MSTS office at 847-698-1625