



South Carolina Orthopaedic Association

Application for Membership

Name: _____ Birth Date: _____

Office Address _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____ E-Mail: _____

Home Address: _____ State: _____ Zip Code: _____

Telephone: _____ Marital Status: _____ Spouse Name: _____

Medical College Attended: _____ Year Graduated : _____

Internship, Residency & Fellowship: _____

Date of Certification and Recertification by American Board of Orthopaedic Surgery: _____

Time in Orthopaedic Practice in South Carolina: _____

Date of License to Practice in South Carolina _____ SC License Number: _____

Medical Society Memberships: _____

Please Check Membership Category: Active (Dues \$ 475) Associate (Non Dues)

Honorary (Non-Dues) Candidate (Non-Dues)

Date Completed: _____ Date Inducted: _____ Date Paid: _____

Return to: Fraser Cobbe, Executive Director
South Carolina Orthopaedic Association
17503 Mallard Court, Lutz, FL 33559

866-949-3121/ Fax: 813-949-8994
scoa@cobbmanagement.com