



## Application for Annual Membership

Date \_\_\_\_\_

Applicant Information:

Name/Organization \_\_\_\_\_

Degree \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Affiliation (institution, company) \_\_\_\_\_

Organization Address \_\_\_\_\_

\_\_\_\_\_

Annual Membership Fees:

Healthcare Professional  
 \$150

Trainee/Student  
 \$40

Organization  
 \$300

Payment:

Payment accepted by check or Paypal only. Email [info@isobs.org](mailto:info@isobs.org) for more information  
Make checks payable to **ISOBS** and mail to:

**Institute for Safety in Office Based Surgery**  
**c/o Fred Shapiro, D.O.**  
**330 Beacon Street**  
**Boston, MA 02116**