

**APPLICATION FOR MEMBERSHIP**  
**SOCIETY OF SPINE SURGEONS OF PAKISTAN**



Full Name (including degrees): \_\_\_\_\_ Date of Birth \_\_\_\_\_  Male  Female

Preferred Mailing Address:  Professional  Home

**PROFESSIONAL ADDRESS** (as it should be listed in the Find a Specialist directory)

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Passport  
Size  
Photograph

**HOME ADDRESS**

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**PROFESSIONAL INFORMATION**

Specialty: \_\_\_\_\_ No. of Spine Surgeries done in 1 year,  Less than 25,  25 to 50,  50 to 100,  >100

Qualification MS, FCPS: \_\_\_\_\_

Name of University / College providing your certification (required if applying for Active or Associate membership):  
\_\_\_\_\_

My professional activities are primarily (choose one):  Clinical  Academic/Teaching  Research

Primary Employer:  Hospital  Private Practice  Academic Institution  Other: \_\_\_\_\_

**APPLICATION REQUIREMENTS**

Curriculum Vitae/Resume: Please submit a copy of your most recent curriculum vitae (CV) or resume with this application along with 2 passport size photograph. Your membership will *remain inactive* until a copy of this document is received.

**Category of Membership:** Please choose a membership category (for a full listing of benefits, visit [www.s3p.org.pk](http://www.s3p.org.pk)). Upon receipt of all application requirements, the Membership Committee will review all material to ensure that applicants are placed into the appropriate membership category. Membership is on a calendar-year basis (January 1 through December 31) and dues are prorated quarterly.

**Ordinary Membership:** Dues: 2000/- per annum  **Life Member:** Dues: 20,000/-

**In-Training Membership:** Postgraduate Trainee related to spine care. Dues: Complimentary

**In-Training Membership Applicants Only:**

Resident  Fellow \_\_\_\_\_

Training Program Name \_\_\_\_\_ Date of Completion (mm/dd/yy): \_\_\_\_\_

Program Director Name: \_\_\_\_\_ Program Director Signature: \_\_\_\_\_

(or attach a letter from your program director verifying your in-training status)

**Applicant's Signatures:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Office use only:** (Do not write below this line)

**Head Membership Committee Signatures** \_\_\_\_\_ **Approved** \_\_\_\_\_

**President:** \_\_\_\_\_

**General Secretary:** \_\_\_\_\_