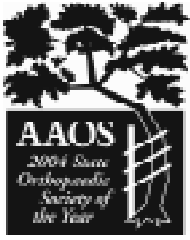


West Virginia Orthopaedic Society

Est. 1986



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Membership Application

Name _____ Age _____

Office Address _____

Home Address _____

E-Mail Address Office _____

Home _____

Telephone Office _____ Home _____

Fax Office _____ Home _____

WV Medical License # _____ SSN _____

Education _____

College _____

Medical School _____

Post Grad Work _____

Internship (Hospital) _____

Length _____

Residency (Hospital) _____

Length _____

Certification by the American Board of Orthopaedic Surgery

Yes _____ No _____ Year _____

Length of Time in Practice _____ Practicing in WV Since _____

Membership in Orthopaedic Medical Societies _____

Service in the Armed Forces _____ Branch of Service _____

Rank of Entry _____ Discharge _____

Areas of Specialization _____

Return application to Clark D. Adkins, M.D.

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