

Membership payment form

Please select your preferred package:

1 year membership:

Package	CHF	USD
<input type="checkbox"/> AOSpine Membership	100	105
<input type="checkbox"/> AOSpine Membership Plus	190	200

2 year membership:

Package	CHF	USD
<input type="checkbox"/> AOSpine Membership	180	189
<input type="checkbox"/> AOSpine Membership Plus	340	357

Residents and students are entiteled a 50% discount on all membership packages.

Please check the appropriate box:

- I am a Physician in spinal field I am a Researcher in spinal field

Payment options:

I want to pay by bank transfer—please send me an invoice.

I want to pay by credit card—please charge my Visa Mastercard American Express

Card number: Card verification number (back of card):

Expiry date:

Card holder name:

Applicant information:

First name: Last name:

Member number (if available): Are you a resident or student? * Yes No

Email address:

Address:

Postal code/zip: City:

Country: Phone number:

Date: Signature:

PLEASE FILL OUT THIS FORM AND FAX TO +41 81 414 22 85 OR EMAIL TO MEMBERSHIP@AOSPINE.ORG

We look forward to welcoming you to the world of AOSpine!

* Residents and students are required to provide a letter of proof from their training program director or they will be charged the standard membership fee.