

The Limb Lengthening and Reconstruction Society: ASAMI–North America

**MEMBERSHIP APPLICATION
Part A**

Category:

- Active (reside in North America, member of AAOS)
- Associate (reside North America, pending member of AAOS)
- Corresponding (reside outside of North America)

Attach
recent
photograph
here

Name: _____

(last) (first) (middle) (credentials)

Date of Birth: _____ Place of Birth: _____

Marital Status: Married Single Spouse's Name: _____

Home Address (include city, state, zip): _____

Work Address (include city, state, zip): _____

Home Phone: _____

Office Phone: _____ Office Fax: _____

E-mail Address: _____

Education _____

College/University _____
Degree Years

Medical School _____
Degree Years

Internship _____
Years

Residency _____
Years

Fellowship _____
Years

Board Certification Date: _____ AAOS/COA Admission Date: _____

Academic Appointments: _____

Staff Appointments: _____

Part B

Post-graduate training in distraction osteogenesis and/or circular external fixation:

Experience with distraction osteogenesis and/or circular external fixation (list number of cases done):

Special Interest:

- | | | |
|--|--|--|
| <input type="checkbox"/> Pediatrics | <input type="checkbox"/> Limb Lengthening | <input type="checkbox"/> Acute Trauma |
| <input type="checkbox"/> Foot | <input type="checkbox"/> Non-unions, Malunions | <input type="checkbox"/> Osteomyelitis |
| <input type="checkbox"/> Tumors | <input type="checkbox"/> Upper Extremity | <input type="checkbox"/> Biomechanics |
| <input type="checkbox"/> Basic Science | <input type="checkbox"/> Soft Tissue | <input type="checkbox"/> Angiogenesis |
| <input type="checkbox"/> Other: _____ | | |

Pertinent Contributions to the Literature: _____

**Part C
Agreement**

It is specifically agreed by the undersigned that in consideration of LLRS: ASAMI-North America's treatment of the entire contents of this application, as well as all inquiries or investigations made pursuant thereto as privileged and confidential material, and not subject to publication or public dissemination whether voluntary, involuntary or by operation of law, that the undersigned specifically authorizes LLRS: ASAMI-North America to make whatever inquiries and investigations deemed necessary to verify the credentials, professional standing and moral and ethical character of the undersigned. The undersigned further agrees that he or she will not cause or attempt to cause any public disclosure of the contents of any application with any applicant for membership in LLRS: ASAMI-North America, or any proceedings of any committee of LLRS: ASAMI-North America, whether said public disclosures be by operation of law or otherwise.

Signature of Applicant

Date

Please send application to:

Paul T. Freudigman, Jr., MD
3600 Gaston Avenue
Wadley Tower, Ste. 755
Dallas, Texas 75246
(214) 826-1730 telephone
(214) 515-9190 facsimile