



# The Limb Lengthening and Reconstruction Society

P.O. Box 91868  
Austin, Texas 78709-1868  
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www.llrs.org

## MEMBERSHIP APPLICATION Part A

Category:

- Active (reside in North America, member of AAOS)
- Associate (reside in North America, pending member of AAOS)
- Corresponding (primary residence outside of North America)
- Candidate (reside in North America, provide proof of residency/fellowship)

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: \_\_\_\_\_

*continued*

**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:

- Pediatrics
  - Foot
  - Tumors
  - Basic Science
  - Other: \_\_\_\_\_
- Limb Lengthening
  - Non-unions, Malunions
  - Upper Extremity
  - Soft Tissue
- Acute Trauma
  - Osteomyelitis
  - Biomechanics
  - Angiogenesis

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:**

Karen R. Syzdek, CMP  
Limb Lengthening & Reconstruction Society  
P.O. Box 91868  
Austin, Texas 78709-1868  
(512) 301-7328 telephone  
(512) 301-4751 facsimile