

# BONES OF PA, INC.

A state society of orthopaedic administrators

To Administrator / Office Manager:

Below is our annual membership form, which may be used for new membership, as well as renewing your existing membership. As in years past, we continue to keep our yearly dues to a low cost of **\$25.00 if paid by January 31<sup>st</sup>** and **\$35.00 if paid February 1<sup>st</sup> or later**.

Some of the benefits of becoming a member of our organization are the **networking contacts** you will have for exchanging information that is relative to your day-to-day operations within your practice. Our membership generally consists of more than 110 Administrators, Practice Managers, and Billing Managers. As a member you have use of the **email exchange** to obtain valuable information from other practice administrators. We also offer educational seminars through the year as well as a two-day networking meeting in the fall. Bones of PA has a web site ([www.bonesofpa.com](http://www.bonesofpa.com)) which is accessible at any time to obtain information about other members, meetings or obtain the names of preferred vendors that have **special offers for Bones of PA members only**.

We encourage existing members to renew your membership as well as to promote our organization to other orthopedic managers. This will increase our membership, networking opportunities and purchasing power. We welcome all new members to our organization.

**Please make your check payable to:** **Bones of Pa. Inc.**      **\$25.00 before January 31<sup>st</sup>**  
**\$35.00 after January 31<sup>st</sup>**

**Mail to:** **Bonnie Lynch, Mountain Valley Orthopedics, 447 Office Plaza, 600 Plaza Court, Suite C**  
**E. Stroudsburg, PA 18301**

## **MEMBERSHIP / RENEWAL FORM:**

**(PLEASE TYPE OR PRINT ALL INFORMATION BELOW CLEARLY)**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
(First) (Last)

Practice Name: \_\_\_\_\_

**Physician's Associated with your Practice: Please include a sheet of letterhead for this information.**

Address: \_\_\_\_\_  
street city state zip

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ County: \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**If you are a current member, you can use your login to update any changes to your practice information. If you are a new member, a login and temporary password will be mailed to you so that you can go into the website once your membership is activated and add your Practice information.**

Please have an Orthopaedic Surgeon verify information with their Signature: \_\_\_\_\_