

THE CALIFORNIA BONES SOCIETY, INC

A State Society of Orthopaedic Managers

To: Administrator / Office Manager

This membership form is to be used for new membership, as well as renewing your existing membership.

Yearly dues are \$50.00, due in January

Benefits of membership in C-BONES include the networking contacts you may create for exchanging information that is relative to your day-to-day operations within your practice. Our membership consists of more than 100 Orthopaedic Administrators, Practice Managers, and Office Managers. We offer an annual educational seminar in the spring. C-BONES will have a web site which will allow members to obtain information about practice issues, other members, meetings or obtain the names of preferred vendors that have made special offers for C-BONES members only.

We encourage existing members 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: California Bones Society, Inc. \$50.00 membership dues

Mail to: The California BONES Society, INC

Attn: Francine Marquis, Treasurer

1600 Esplanade #C

Chico, CA 95926

MEMBERSHIP / RENEWAL FORM:

(PLEASE TYPE OR PRINT ALL INFORMATION BELOW CLEARLY)

Name: _____ Title: _____
(First) (Last)

Practice Name: _____

Address: _____
street city state zip

Telephone: _____ Fax: _____ County: _____

E-mail Address: _____

Number of physicians in practice: _____ Practice Management System: _____

Physician's Associated with your Practice: _____

Please include a separate sheet with each physician's name.

EMR: YES / NO Name: _____

Ancillary Services: (please check all that apply)

Physical Therapy Occupational Therapy MRI (full body / extremity)

X-Ray (digital / analog) Bone Density Physician Assistants (#____) Nurse Practitioners (#____)

Other: _____

Committee Membership: (if interested please list area of interest)
