



American  
Society of  
Shoulder and  
Elbow  
Therapists

# MEMBERSHIP APPLICATION

MEMBERSHIP CATEGORY

ACTIVE

INTERNATIONAL

AFFILIATE

FIRST NAME:

M.I.:

LAST NAME:

PROFESSIONAL DEGREE:

TOTAL YEARS OF EXPERIENCE:

TOTAL YEARS OF ORTHOPAEDIC EXPERIENCE:

MINIMUM 30 PERCENT OF CURRENT PRACTICE IN SHOULDER AND ELBOW (Affiliate members excluded):

HOW MANY YEARS HAS YOUR PRACTICE CONSISTED OF THIS PERCENTAGE OF SHOULDER AND ELBOW CASES (Affiliate members excluded):

**PLEASE CHECK PREFERRED MAILING ADDRESS**

BUSINESS ADDRESS

HOME ADDRESS

\*Address selected will be posted on the website

FACILITY NAME:

STREET NUMBER:

CITY:

STATE:

ZIP CODE:

COUNTRY:

PHONE NUMBER:

FAX NUMBER:

CURRENT E-MAIL ADDRESS:

I, \_\_\_\_\_, certify that the information contained within my application is accurate. I further understand that should the information be found to be inaccurate in the future in such a way that it does not fulfill the requirements for Membership in the American Society of Shoulder and Elbow Therapists, my membership will be revoked.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

Please mail your completed application, additional documentation, and a \$25.00 non-refundable application fee to the address below.

American Society of Shoulder and Elbow Therapists  
9400 W. Higgins Road  
Rosemont, IL 60018  
Phone: (847) 698-1636  
Email: [asset@aaos.org](mailto:asset@aaos.org)



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## JSES Subscription

**ASSET members have the option to receive an electronic-only subscription of the Journal of Shoulder and Elbow Surgery (JSES). Please select an option below to receive this member benefit.**

- I would like to receive an electronic subscription of JSES.
- I would like to waive and opt out of the electronic subscription of JSES. I will not receive any reimbursement if I opt out of receiving this ASSET member benefit.



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# MEMBERSHIP APPLICATION

## LETTER OF RECOMMENDATION FROM A LICENSED PHYSICIAN FOR ACTIVE, INTERNATIONAL OR AFFILIATE MEMBERSHIP

The American Society of Shoulder and Elbow Therapists is a group formed to enhance interest, knowledge, expertise, and effectiveness in the area of shoulder and elbow rehabilitation. It is also the group's goal to provide the structure to promote scientific documentation which would advance treatment of the shoulder and elbow and to provide the dissemination of that information. Our third goal is to create a framework to foster communication between therapists and surgeons. We have asked each therapist or athletic trainer applying for membership to obtain a letter of recommendation from a licensed physician; however, we ask that you provide this letter to no more than two individuals in the same year.

Please indicate the length of time you have known this therapist and any comments you have that would be helpful in supporting their membership in this group.

Finally, please return your recommendation in a sealed envelope to the applicant.

Thank you very much for your time and support.



# MEMBERSHIP APPLICATION

## LETTER OF RECOMMENDATION FROM A PHYSICAL THERAPIST, OCCUPATIONAL THERAPIST, OR ATHLETIC TRAINER FOR ACTIVE, INTERNATIONAL OR AFFILIATE MEMBERSHIP

The American Society of Shoulder and Elbow Therapists is a group formed to enhance interest, knowledge, expertise, and effectiveness in the area of shoulder and elbow rehabilitation. It is also the group's goal to provide the structure to promote scientific documentation which would advance treatment of the shoulder and elbow and to provide the dissemination of that information. Our third goal is to create a framework to foster communication between therapists and surgeons. We have asked each applicant to obtain a letter of recommendation from either a physical therapist, occupational therapist, or athletic trainer. However, we ask that you recommend no more than two individuals in the same year.

Please indicate the length of time you have known this therapist and any comments you have that would be helpful in supporting their membership in this group.

Please return your recommendation in a sealed envelope to the applicant.

Thank you very much for your time and support.



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## STATEMENT OF INTEREST

On a separate sheet, please indicate your interest in the American Society of Shoulder and Elbow Therapists and your background in the area of rehabilitation of shoulder and elbow conditions.

## DOCUMENTATION OF LICENSURE

Please attach a copy of your professional license (Active & International members) or diploma (Affiliate members).



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## **MEMBERSHIP APPLICATION**

### **AMERICAN SOCIETY OF SHOULDER AND ELBOW THERAPISTS VISION STATEMENT**

We are a group of multidisciplinary professionals in the area of shoulder and elbow rehabilitation who place a high value on efficacious exemplary patient care. We support critical assessment of information within the area of our interest and encourage professional growth through mentorship, fellowship, and education. We foster this through innovative progressive basic science and clinical research. We are committed to the ideals of open-mindedness and sharing of knowledge to promote excellence in patient care by all.

### **AMERICAN SOCIETY OF SHOULDER AND ELBOW THERAPISTS**

#### **MISSION STATEMENT**

We are a leading source of knowledge regarding exemplary clinical care and outcomes oriented research in shoulder and elbow rehabilitation. We aim to assist the membership through the dissemination of our education and research knowledge. Our membership criteria reflect the expectation of the highest quality research, scholarship and patient care.