

Membership Application Form

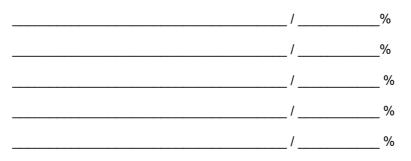
		Picture				
All information must be PRINTE						
NAME:						
	/					
(Last)	/ (First)					
Name of primary supporter for th	nis Application:					
Name of secondary sponsor for	this Application:					
PERSONNAL DATA:						
Your E-mail address for commu	nication with EKS:					
Date of Birth (DD/MM/YYYY): How many years post-residency or fellowship are you: (the requirement is minimum 5 years - <i>if < than 5 years: consider to apply as a junior member)</i>						
l am a member of my national o	rthopaedic society (name of society):					
Office Address:	Home Add	Home Address:				
Office Phone: Office Email:	Home Phone: Home Email:					
Current position/ Title:						
Hospital Appointments:						
Primary) / (Secondary)						
Academic Affiliations:						
Communication address:	Legal address:	URL				
EKS, MediCongress,	EKS, Avenue Hippocrate 10,	europeankneesociety.com				
Noorwegenstraat 49,	1200 Woluwe,					
9940 Evergem,	Belgium					
Belgium						



Residency (ho	spital/s):			
Starting (YY/M	IM):	Ending (YY/MM):		
Fellowships:	1	(Location and year)	2	(Location and year)
	3	(Location and year)	4	(Location and years)

PRACTICE PROFILE: Percentage of practice relating to the arthritic knee ______% RESEARCH PROFILE: Percentage of research relating to the arthritic knee _____ %

List the types of knee procedures related to osteoarthritis treatment performed in the past 3 years and the numbers of each type performed in that period:



Documents to send to the EKS Secretariat in <u>1 email</u> to the EKS Secretariat (<u>eks@medicongress.com</u>):

- 1. A current copy of your Curriculum Vitae (CV) in English
- 2. A bibliography of peer-reviewed, English language publications relating to the arthritic knee the past 5 years in a separate document.
- 3. A summary of knee presentations relating to the arthritic knee the past 5 years (title, date and meeting name) in a separate document.
- 4. A personal statement indicating your desired participation in the EKS, and how you will contribute to the purpose of EKS in a separate document.
- 5. Headshot photo
- 6. Sponsors should send their letters directly to the EKS Secretariat (eks@medicongress.com) together with the template available on the EKS website.

Completion of this Application provides your written permission for EKS to investigate your credentials, including, but not limited to, contacting any Medical Society, licensing board or the hospital at which you have privileges. Also you grant EKS permission to store your data.

APPLICANT'S SIGNATURE _____ Date _____

Please submit by email the completed Application and supporting documents to the EKS Secretariat (eks@medicongress.com)

Communication address: EKS, MediCongress, Noorwegenstraat 49, 9940 Evergem, Belgium

Legal address: EKS, Avenue Hippocrate 10, 1200 Woluwe, Belgium

URL europeankneesociety.com