European Knee Society

Picture

Membership Application Form – Affiliated Member

All information must be **PRINTED** or **TYPED**

PERSONAL DATA:

Name: _____/_____
(Last) (First)

Your E-mail address for communication with EKS:_____

Date of Birth (DD/MM/YYYY):_____

I certify that I am in good ethical standing in my country/society: _____ (X for YES)

If member of your national orthopaedic society please state name of society:_____

Office Address:

_____

_____

_____

Office Phone: _____
Office Email: _____

Home Address:

_____

_____

_____

Home Phone: _____
Home Email: _____

Current position/ Title: _____

Hospital Appointments:

(Primary) _____/ (Secondary)_____

Academic Affiliations: _____

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 to the EKS Secretariat (europeankneesociety.secretariat@gmail.com)