



## Junior Membership Application Form

Picture

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

NAME:

\_\_\_\_\_ / \_\_\_\_\_  
(Last) (First)

Name of primary supporter for this Application: \_\_\_\_\_

Name of secondary sponsor for this Application: \_\_\_\_\_

**PERSONAL DATA:**

Your E-mail address for communication with EKS: \_\_\_\_\_

Date of Birth (DD/MM/YYYY): \_\_\_\_\_

How many years post-residency or fellowship are you: \_\_\_\_\_ (the requirement is minimum 1 year)

I am a member of my national orthopaedic society (name of society): \_\_\_\_\_

**Office Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Home Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Office Phone: \_\_\_\_\_

Office Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Email: \_\_\_\_\_

Current position/ Title: \_\_\_\_\_

Hospital Appointments:

(Primary) \_\_\_\_\_ / (Secondary) \_\_\_\_\_

Academic Affiliations: \_\_\_\_\_



# European Knee Society

Residency (hospital/s): \_\_\_\_\_

Starting (YY/MM): \_\_\_\_\_ 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 year and the numbers of each type performed in that period:

\_\_\_\_\_ / \_\_\_\_\_ %  
\_\_\_\_\_ / \_\_\_\_\_ %  
\_\_\_\_\_ / \_\_\_\_\_ %  
\_\_\_\_\_ / \_\_\_\_\_ %  
\_\_\_\_\_ / \_\_\_\_\_ %

Documents to send to the EKS Secretariat in 1 email to the EKS Secretariat:

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 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 ([europankneesociety.secretariat@gmail.com](mailto:europankneesociety.secretariat@gmail.com))

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