



Application for Membership of the European Hip Society

www.european-hip-society.org

Family name _____ Forenames _____ Title _____
(eg: Mr/Dr/Prof/etc.)

Date of birth ____ / ____ / ____ Main Qualification _____
day month year (eg: MD/FRCS/etc.)

Current appointment _____
(eg: Consultant/Chefarzt/Orthopaedic Surgeon/Chef de Clinique/etc.)

Correspondence address _____
_____ Country _____

Telephone no: _____ Facsimile _____
(if appropriate)

E-mail address: _____

I hereby apply for Membership of the European Hip Society

I agree to pay the subscription annually after being elected (€ 100,00/year)

Sponsors: 1. Name _____ Country _____
2. Name _____ Country _____
(Full Members)

I enclose a copy of my Curriculum Vitae

Signature _____ Date ____ / ____ / ____
day month year

Send application form with curriculum vitae to:

Prof. Dr. Martin Krismer
Department of Orthopaedics
Innsbruck Medical University
Anichstrasse 35
A-6020 Innsbruck - Austria
ehs.krismer@uki.at

app/2007