



# 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*

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