



E K S
European Knee Society

Membership Application Form

Picture

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

NAME: _____ / _____
(Last) (First)

Name of Active Member **Sponsoring** this Application: _____
Name of Active Member **Seconding** this Application: _____

PERSONNAL DATA:

Date of Birth: _____

Year of Certificate: _____

Professional Membership (if not listed on CV) _____

Office Address:

Home Address:

Office Phone: _____

Office Fax: _____

Office Email: _____

Home Phone: _____

Home Fax: _____

Home Email: _____

Current position/ Title: _____

Active Hospital Appointments: _____

Academic Affiliations: _____

Residency: _____
(Location and years)

Fellowships: 1. _____ 2. _____
(Location and year) (Location and year)
3. _____ 4. _____
(Location and year) (Location and years)

Honours and Grants (if not listed on CV): _____

Editorial Board Memberships/Administrative Positions (if not listed on CV): _____

PRACTICE PROFILE: Percentage of Practice relating to the knee _____ Research _____

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:

_____ / _____ %
_____ / _____ %
_____ / _____ %
_____ / _____ %
_____ / _____ %

1. Please enclose a current copy of your Curriculum Vitae (CV)
 2. Sponsors should send their letters directly to the EKS Secretariat (eks@medicongress.com)
 3. Include a bibliography of knee publications and the years published (indicate if peer-reviewed)
 4. Include a summary of knee presentations (title, date and meeting name)
 5. Include a list of investigations in progress
 6. Include a separate personal statement indicating your desired participation in the E K S, and how you will contribute to the Purpose of EKS
 7. Headshot photo - electronic preferred, email to the EKS Secretariat (eks@medicongress.com)
- Completion of this Application provides your written permission for EKS to investigate your credentials, including, but not limited to, contacting any Medical Society, state licensing board or the hospital at which you have privileges.

APPLICANT'S SIGNATURE _____ Date _____

Please submit by email the completed Application, one copy of your CV, and supporting documents to the EKS Secretariat (eks@medicongress.com)