



# 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:**

**Home Address:**

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

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

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

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 ([eks@medicongress.com](mailto:eks@medicongress.com))

**Communication address:**

EKS, MediCongress,  
Noorwegenstraat 49,  
9940 Evergem,  
Belgium

**Legal address:**

EKS, Avenue Hippocrate 10,  
1200 Woluwe,  
Belgium

**URL**

[europeankneesociety.com](http://europeankneesociety.com)