



**TO BE FILLED IN BY ANY SUPPORTER OF AN APPLICATION FOR EKS INTERNATIONAL MEMBERSHIP**

Name of the applicant you support: \_\_\_\_\_

Your name (the supporter): \_\_\_\_\_

- Primary supporter
- Secondary supporter

<u>To be filled in by the primary supporter:</u> I am an active EKS member and I only support this application as primary supporter (you can only be primary supporter for one applicant)	<input type="checkbox"/> <b>I confirm</b>
<u>To be filled in by the secondary sponsor:</u> I am an active EKS member and I do not act as secondary supporter for more than two applicants	<input type="checkbox"/> <b>I confirm</b>
I have reviewed the files and merits of the applicant and confirm that he/she fulfills the criteria to become an EKS member as listed below:  The applicant has published at least 5 English-language, peer-reviewed, indexed knee papers the past 5 years  The applicant is at least 5 years post residency training	<input type="checkbox"/> <b>I confirm</b>
I will be present at the next EKS Closed Meeting to support this application	<input type="checkbox"/> <b>I confirm</b>

This document must be sent to the EKS Secretariat before the deadline **together with your supporting letter in a separate pdf/word file**. Files must be sent to [eks@medicongress.com](mailto:eks@medicongress.com)