



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

Name of the applicant you support: _____

Your name (the supporter): _____

- Primary supporter**
- Secondary supporter**

| | |
|---|---|
| <p><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)</p> <p><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</p> | <p><input type="checkbox"/> I confirm</p> <p><input type="checkbox"/> I confirm</p> |
| <p>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:</p> <p>The applicant has published at least 5 English-language, peer-reviewed, indexed knee papers the past 5 years</p> <p>The applicant is at least 5 years post residency training</p> | <p><input type="checkbox"/> I confirm</p> |
| <p>I will be present at the next EKS Closed Meeting to support this application</p> | <p><input type="checkbox"/> I confirm</p> |

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