

EUROPEAN HIP SOCIETY

Young Member Application Form



Please write in capitals and write clearly. Thank you.

Title _____ Family name _____ Forename(s) _____
(eg: Mr/Dr/Prof)

Date of birth _____ Main Qualification _____
(d/m/y) (eg: MD/FRCS)

Current appointment _____

Postal address _____

City/Town _____ Postal Code _____ Country _____

Telephone _____ Fax _____

E-mail _____

Sponsor 1. Name _____ Country _____
(Full EHS Member)

Sponsor 2. Name _____ Country _____
(Full EHS Member)

I hereby confirm that I have not yet qualified in orthopaedics and therefore apply for Young Membership of the European Hip Society. I understand that, once my membership is approved, I will pay annual membership dues at a reduced rate of €50 and will receive a free online subscription to Hip International Journal. Once I qualify in orthopaedics, I will apply for Full Membership of EHS, which incurs a €100 euro fee p/a. **I enclose my Curriculum Vitae.**

Signature _____ Date (d/m/y) _____

Please submit your application form, with your Curriculum Vitae to:-

Thank you

Email: samstokesehs@gmail.com

Post: Prof. E. Tsiridis, EHS Secretary General, Saint Luke's, Panorama, Thessaloniki, 55236 Hellas