



Application for Membership

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 _____
(eg: Consultant/Chefarzt/Orthopaedic Surgeon/Chef de Clinique)

Postal address _____
(to receive Hip International Journal)

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 apply for Membership of the European Hip Society. Once elected, I agree to pay the yearly subscription fee of €100. I enclose a copy of my Curriculum Vitae.

Signature _____ Date (d/m/y) _____

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

Email: samstokesehs@gmail.com

Fax: +30 2310 390 593

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

Thank you