

# EUROPEAN HIP SOCIETY



## New Member Application Form

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

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

Current appointment \_\_\_\_\_  
(eg: Consultant/Orth Surgeon)

Postal address \_\_\_\_\_

City/Town \_\_\_\_\_ Post Code \_\_\_\_\_ Country \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Sponsor 1. Name \_\_\_\_\_ Country \_\_\_\_\_  
(Full EHS Member)

Sponsor 2. Name \_\_\_\_\_ Country \_\_\_\_\_  
(Full EHS Member)

I enclose my CV in English which clearly lists my publications related to 1) hip topics and 2) all trauma related work including hip, pelvis and proximal femur

I hereby apply for Membership of the European Hip Society. Once elected, I agree to pay the annual membership dues of €150 & for my name to be listed on the EHS website Directory. I will pay by credit card or SEPA bank transfer (details @ [www.europeanhipsociety.com](http://www.europeanhipsociety.com)).

Signature \_\_\_\_\_

Date (dd/mm) \_\_\_\_\_ / \_\_\_\_\_ /2024

**Thank you**