## **EUROPEAN HIP SOCIETY \***



Title (eg: Mr/Dr/Prof)	Family name		Forename(s)
Date of birth _ (d/m/y)		Main Qualifica (eg: MD/FRCS)	ation
Current appoil (eg: Consultant/O	ntment rth Surgeon)		
Postal address			
City/Town		Post Code	Country
Telephone		Email	
	me		Country
Sponsor 2. Na (Full EHS Member			Country
trauma related I hereby apply	I work including hip, for Membership of	pelvis and proximathe European Hip S	Society. Once elected, I agree to pay the
	-	-	be listed on the EHS website Directory. etails @ www.europeanhipsociety.com).
Signature			_
Date (dd/mm	/ /20	)25	Thank you