

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).

Signature _____

Date (dd/mm) _____ / _____ /2026

Thank you