

EUROPEAN HIP SOCIETY



Young Member Application Form 2026

Title Family name Forename(s)

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

Current appointment

Year you expect to finish training

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 clearly listing my publications related to (1) hip topics and (2) all trauma-related work, including the hip, pelvis and proximal femur. ☐

I hereby apply for Young Membership of EHS. Once elected, I agree to pay the applicable annual membership fee and for my name to be listed in the Member Directory. ☐

NB Applicants approved for Young Membership from 1 October 2026 will receive membership for the remainder of 2026 and the whole of 2027 upon payment of the 2027 annual membership fee of €125 (details at www.europeanhipsociety.com).

The annual Young Membership fee was increased from €75 to €125 with effect from 1 January 2027, following approval by the EHS General Assembly in Malaga on 6 May 2026.

Signature _____

Date (dd/mm) /2026

Thank you

Please submit to the EHS Executive Secretary, Samantha Stokes: samstokesehs@gmail.com