



SICOT MEMBERSHIP APPLICATION FORM

Please complete this form and forward it to the Secretary General by e-mail (hq@sicot.org), fax (+32 2 649 8601) or post (SICOT – Rue Washington 40-b.9 – 1050 Brussels – Belgium). For additional information, please visit the SICOT website at <http://www.sicot.org> or contact the SICOT Head Office at hq@sicot.org.

Personal details

Title: Ass Prof Assoc Prof Dr Mr Mrs Ms Prof Prof Dr Prof Sir

Family name: _____ Given name(s): _____

Address: _____

Postcode: _____ City: _____

Country: _____

Tel.: + _____ Fax: + _____

Mobile: + _____ E-mail: _____

Date of birth: ____/____/____ (dd/mm/yyyy) Nationality: _____

Postgraduate training

Institutions: _____ Years: _____

Degrees obtained: _____

Professional details

Hospital(s) to which you are currently attached: _____

Past and present teaching positions: _____

Subspecialty interest(s) (please tick all appropriate boxes):

- | | | |
|--|---|---------------------------------|
| <input type="checkbox"/> Adult Reconstructive Orthopaedics | <input type="checkbox"/> Knee | <input type="checkbox"/> Spine |
| <input type="checkbox"/> Foot and Ankle | <input type="checkbox"/> Oncology | <input type="checkbox"/> Sports |
| <input type="checkbox"/> General Orthopaedics | <input type="checkbox"/> Paediatrics | <input type="checkbox"/> Trauma |
| <input type="checkbox"/> Hand | <input type="checkbox"/> Research | <input type="checkbox"/> Other |
| <input type="checkbox"/> Hip | <input type="checkbox"/> Shoulder and Elbow | Please specify: _____ |

National Orthopaedic Society membership

Are you a member of a National Orthopaedic Society? Yes No
If yes, please indicate which Society: _____

Applying for SICOT membership as

Active Member Associate Member (under 40 years old)

FOR HEAD OFFICE USE ONLY

National Representative: _____

Signature: _____ Date: ____ / ____ / 20____

Membership application accepted declined

Signature: _____ Date: ____ / ____ / 20____
(Secretary General)