

MEMBERSHIP APPLICATION FORM

Family Name

First Name

Date of Birth

Nationality

Academic Title

Present Position

Address

City

Postal Code

State

Country

E-mail

Phone

Signature	Date
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- completed and signed by the proposed member and by the sponsors
- sponsor must be a member of ISOLS

MEMBERSHIP APPLICATION FORM

1. SPONSOR

I the undersigned, from personal knowledge, regard the candidate as a person of high professional and moral standing and propose him for membership of the International Society of Limb Salvage.

Name

Address

Signature | Member of ISOLS

2. SPONSOR

I the undersigned, from personal knowledge, regard the candidate as a person of high professional and moral standing and propose him for membership of the International Society of Limb Salvage.

Name

Address

Signature | Member of ISOLS

- completed and signed by the proposed member and by the sponsors
- sponsor must be a member of ISOLS