



# ISSPORTH

International Society  
for Sport Traumatology of the Hand

## MEMBERSHIP APPLICATION FORM

DATE \_\_\_\_\_

Family Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of birth \_\_\_\_\_

Place of birth \_\_\_\_\_

### ADDRESS

#### Work

Institution \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

#### Home

Address \_\_\_\_\_

City \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

### PROFESSIONAL QUALIFICATIONS

Specialty \_\_\_\_\_

I hereby release from liability and waive any claim for damages that I may have against ISSPORTH, its officers, directors, members, employees and agents for any acts that they may perform in good faith in connection with my application, and any hospital, medical staff, medical organization or individual supplying information with respect to my application.

I understand that the decision as to whether I am qualified to be submitted to ISSPORTH membership for election rests solely and exclusively in the ISSPORTH Executive Board, and that its decision is final.

I attest that the information presented in this application is truthful and accurate.

### THE ANNUAL FEE IS 50 EUROS

Signature \_\_\_\_\_ Date \_\_\_\_\_

To be sent along with an update CV TO: [secretariat@issporth.org](mailto:secretariat@issporth.org)

*The acceptance of the application will be notified by the Secretariat once the Members Commission has given its approval*