

ERASS MEMBERSHIP APPLICATION FORM

First name:

Last name:

Date of birth:

Nationality:

Married. Partner's name:

Single

Home address:

Street:

City: Zip code:

Country:

E-mail:

Professional address:

Name of Institution:

Department:

Street:

City: Zip code:

Country:

Telephone: Telefax:

E-mail:

Medical School and year of graduation:

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Postgraduate training in:

- Orthopaedic Surgery
- Plastic and Reconstructive Surgery
- General Surgery
- Rheumatology
- Other:

Training in Rheumatoid arthritis. Indicate Institution and dates:

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Current areas of clinical interest and/or research:

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Relevant publications and/or papers presented at Meetings:

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According to Article 6* of the bylaws - please name two referees and their address:

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Date:

Signature:

Note: Membership dues are 50 euros every two years

(Article 6: Anyone can become a member of ERASS who is actively concerned with rheumatoid arthritis surgery and who applies to the committee by writing, giving the names of two referees, and is accepted by it.)