

## 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.)