



Société Internationale de Chirurgie Orthopédique et de Traumatologie
International Society of Orthopaedic Surgery and Traumatology

SICOT MEMBERSHIP APPLICATION FORM

For additional information, please visit the SICOT website at <http://www.sicot.org> or contact the SICOT Head Office at hq@sicot.org or SICOT Japan at sicot_japan@cs-oto.com.

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: + _____

E-mail: _____ Date of Birth: _____

Education

Degrees obtained (Year):

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: (ex: Japanese Orthopaedic Association)

Applying for SICOT membership as

Full Member Associate Member (under 40 years old)

ご希望のお支払い方法

クレジットカード (オンライン決済により、本部直接送金)

郵便振替 (日本支部によりまとめて送金)

郵便振替をご希望の方へ

日本支部からの本部への送金を4月、7月、10月の年3回ほどにしております都合上、入会認定にお時間を頂く場合がございます。ご了承下さいますようお願い致します。