



European Federation
International Society
for Digestive Surgery

MEMBERSHIP APPLICATION FORM

Prof/Dr/Mr/Ms

Last Name: _____ First Name: _____

Date of Birth: _____ Place/Country of Birth: _____

For mailing address please tick appropriate box

Business address

Hospital: _____

Department: _____

Address: _____

City: _____ ZIP Code: _____

Country: _____ E-mail: _____

PHONE: _____ FAX: _____

Private address

Address: _____

City: _____ ZIP Code: _____

Country: _____ E-mail: _____

PHONE: _____ FAX: _____

Physician

Resident in Training

Engineer

If you are less than 40 years of age and wish to claim the reduced dues available to young surgeons, include a copy of your birth certificate, passport or other similar documentation.

1. **Education:** **Institution** **Degree & Date Awarded**

College/University _____

Medical School _____

Postgraduate Training _____

Type **Institution**

Internship _____

Residency _____

Fellowship _____

Other _____



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2. **Previous appointments (not more than two)**

3. **Present position**

4. **Member of National or International surgical or gastroenterological societies.**

a. National

Society Name

Date of Election

b. International

Society Name

Date of Election

5. **Is training part of your regular activities?**

Yes

No

If Yes, in what area

6. **Which kind of discipline in GI Surgery are you specialized in:**

Upper GI

Lower GI

Liver - Biliary tract - Pancreas

Minimally invasive Surgery

Yes

No

Please append a complete list of your publications, a brief curriculum vitae and a recent photograph.

_____ Date

_____ Applicant's signature



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SPONSOR (who must be EFISDS Members)

I, the undersigned, from personal knowledge, regard the candidate as a person of high professional and moral standing, well experienced in the field of digestive surgery, and propose him or her as suitable for membership in the European Federation of the international Society for Digestive Surgery (EFISDS).

Print Name: _____

Address: _____

Signature

EFISDS member no.

For Office Use Only:

DECISION OF THE EXECUTIVE COMMITTEE OF THE EFISDS

Date received: _____

Date elected: _____

Signature for approval:

General Secretary: _____ Date: _____

COMMENTS

