



AUSTRALIAN KNEE SOCIETY

To fill in form - hover the mouse over a field, then click; or use the tab button

APPLICATION FOR MEMBERSHIP

Full name:

Date of Birth: / / 19

Married: Yes No

Name of Spouse / Partner:

Spouse Mobile Phone Number:

Spouse Email Address:

Address: Business:

Phone:

.....

Fax:

.....

Email:

.....

URL:

Home:

Phone:

.....

Fax:

.....

Email:

.....

URL:

Preferred email address for AKS correspondence: Business Home

Education: University:

Graduate Year:

Year FRACS obtained:

Other higher degrees: PhD MD Other

Fellow of the A.O.A. Yes No Year:

Proposer: Name:

Reference being forwarded?

Email:

.....Yes No

Seconder: Name:

Reference being forwarded?

Email:

.....Yes No



**AUSTRALIAN
KNEE SOCIETY**

Venue of last AKS meeting attended: **Year:**

Surgery Log	<u>Private</u>	<u>Public</u>	<u>Total</u>
Total number of knee procedures performed in last 2 years:
Total number of procedures performed in last 2 years:
Percentage of operative work relating to the knee:

Titles and Reference of at least one knee related paper published in a refereed journal:

- 1) Title:
Reference:
- 2) Title:
Reference:
- 3) Title:
Reference:

Title and Reference of at least one knee paper presented at a national or international meeting:

- 1) Title:
Reference:
- 2) Title:
Reference:
- 3) Title:
Reference:

Date of Application: / / 19