



AUSTRALIAN KNEE SOCIETY

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

APPLICATION FOR MEMBERSHIP

Please nominate: Active Associate Honorary

Full name:

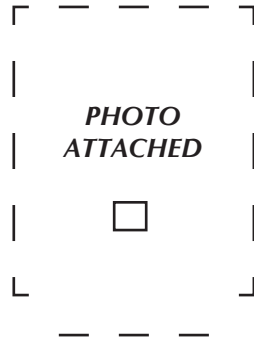
Date of Birth: / / 19

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:

AKS Member Proposer: Name: Reference attached?

Email: Yes

AKS Member Secunder: Name: Reference attached?

Email: Yes



**AUSTRALIAN
KNEE SOCIETY**

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

Name of presentation at prior AKS meeting: **Year:**

Surgery Log

Private

Public

Total

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: / / 20