



EUROPEAN SECTION  
Founded 1983

### **INSTRUCTIONS FOR APPLICATION FOR MEMBERSHIP OF THE CSRS (EUROPEAN SECTION)**

1. Candidacy is open to individuals who have demonstrated continuous interest in the cervical spine and have contributed to the speciality with publications as research.
2. The following criteria must be fulfilled:
  - Advanced degree for nonclinical specialists or Board Certification for clinical specialists.
  - Sponsor and one other letter of recommendation – **(both must be members of the Cervical Spine Research Society) PLUS:**
  - Submit an Abstract to a CSRS-ES Annual Meeting **or** Present a case at a CSRS-ES Theoretical Meeting **or** Attend a CSRS-ES Cadaveric Instructional Course.
  - Membership will be confirmed on your attendance at the next Annual Meeting of the CSRS-ES.
3. Send by email to the CSRS-ES Administrative Office: [info@csrs-es.org](mailto:info@csrs-es.org)
  - a. The application form (see below)
  - b. Your Curriculum Vitae and Photograph
  - c. Letter of recommendation from two members of the society

The candidate may be called for an interview with the Membership Committee if deemed necessary.

The Membership Committee first submits the candidates name at the officers' meeting and then at the member's General Assembly.

Space for your picture

**APPLICATION FOR MEMBERSHIP OF THE CSRS (EUROPEAN SECTION)**

Family name: \_\_\_\_\_

First name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

Spouse/Partner's name: \_\_\_\_\_

**Private address:**

Street and number: \_\_\_\_\_

Postal code: \_\_\_\_\_ City: \_\_\_\_\_

Country: \_\_\_\_\_

**Specialty:**

Orthopaedics     Neurosurgery     Other (specify) \_\_\_\_\_

Professional Board Certification \_\_\_\_\_ (year)

Academic degree: \_\_\_\_\_

Present position (Institution): \_\_\_\_\_

Institution: \_\_\_\_\_

Since \_\_\_\_\_ years

**Institutional Address:**

Department: \_\_\_\_\_

Street and number: \_\_\_\_\_

Postal code: \_\_\_\_\_ City: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

e-mail: \_\_\_\_\_

Scholarships, fellowships (if not listed in the CV)

\_\_\_\_\_  
Are you a member of any other National/International Medical Society's  Yes  No  
Please, specify:

\_\_\_\_\_  
Attendance:

Participation in previous CSRS Meetings? (CSRS-US or CSRS-AP)

Year \_\_\_\_\_ Location \_\_\_\_\_

Oral Presentation at CSRS meetings (CSRS-ES or CSRS-AP) as speaker  
or co-author:

Year \_\_\_\_\_ Location \_\_\_\_\_

Title \_\_\_\_\_

Abstract (Oral or Posters) submitted at CSRS meetings (CSRS-ES or CSRS-AP) as speaker  
or co-author:

Year \_\_\_\_\_ Location \_\_\_\_\_

Title \_\_\_\_\_

Attendance of a CSRS-ES Cadaveric Instructional Course in Barcelona or Theoretical  
Course (one day) Case Presentation:

Year \_\_\_\_\_

Sponsored by (sponsors must be members of the CSRS):

Name of sponsor \_\_\_\_\_ Country \_\_\_\_\_

Name of sponsor \_\_\_\_\_ Country \_\_\_\_\_

\_\_\_\_\_

**APPLICANTS SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_