

IOF COMMITTEE OF SCIENTIFIC ADVISORS (CSA) Membership Application Form

>Only electronic versions will be considered. Incomplete applications will not be accepted for submission to the CSA election process

Last name:	
First name and middle initial:	
Date of birth:	
Position:	
Specialty (i.e Endocrinologist, Nutritionist, Orthopedist, Geriatrician, GP, Internist, etc)	
Affiliation to other scientific societies:	
E-mail:	
Phone:	
Fax:	
Professional Contact Address:	
Country:	
City, State, Zip/Post Code:	
Main Research/Clinical Interest (minimum 5 lines)	
Motivations and Expectations in joining the CSA (minimum 5 lines)	
Ten most prominent publications:	1.
(First Author, Journal Name (abbrev.), Year, Volume, Issue and Page Numbers)	2.
	3.
	4.
	5.
	6.
	7.
	8.
	9.
	10.



LETTER OF APPLICATION TO THE IOF COMMITTEE OF SCIENTIFIC ADVISORS

> Dear Chairman of the CSA, I would like to apply as full member of the CSA and I am well aware that participation to this Committee is based on scientific merit.

Four members of the CSA originating from 4 different countries are supporting my application:

Name: Date: Signature: Name: Date: Date: Date:	Signature :			
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>Looking forward to actively participating to the CSA activities, I remain, Sincerely yours,	> Looking forwa Sincerely yours,	ard to actively participating to the CSA ac	tivities, I remain,	
> Looking forward to actively participating to the CSA activities, I remain, Sincerely yours, Applicant signature:	Sincerely yours,		tivities, I remain,	



IOF COMMITTEE OF SCIENTIFIC ADVISORS (CSA) Letter of Advocacy (optional)

Letter of Advocacy		
Advocate signature:		
Print full name:	Date:	