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 appointment process

Last name:	
First name and middle initial:	
Year 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: (First Author, Journal Name (abbrev.), Year, Volume, Issue and Page Numbers)	**1.**
	2.
	3.
	4.
	5.
	6.
	7.
	8.
	9.
	10.

LETTER OF APPLICATION TO THE IOF COMMITTEE OF SCIENTIFIC ADVISORS

> Dear Chair of the CSA,
I hereby submit my application for full membership in the CSA. I confirm that I am fully aware of, and accept, the duties and responsibilities associated with CSA membership.

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

Signature:			1
Name:		Date:	
Signature:			2
Name:		Date:	
Signature:			3
Name:		Date:	
Signature:			4
Name:		Date:	

> Looking forward to actively participating to the CSA activities, I remain,
Sincerely yours,

Applicant signature:			
Print full name:		Date:	

IOF COMMITTEE OF SCIENTIFIC ADVISORS (CSA)
Letter of Application

Applicants shall describe their previous and ongoing contributions to IOF activities, and clearly state their commitment, if appointed, to meet the primary duties of CSA members as described in the accompanying email.

Letter of Application			
Applicant's signature			
Print full name :		Date :	