IOF COMMITTEE OF SCIENTIFIC ADVISORS CSA
Membership Application Form

Please note:

Only electronic versions will be considered.

Incomplete applications will not be accepted for submission to the CSA appointment process.

Personal Information

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	

Professional Contact Address

Country	
City, State, Zip/Post Code	

About

Main Research and/or 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.

IOF COMMITTEE OF SCIENTIFIC ADVISORS CSA
Letter of Application

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 :

Member #1

Signature

Name

Date

Member #2

Signature

Name

Date

Member #3

Signature

Name

Date

Member #4

Signature

Name

Date

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

Applicant signature

Print full name

Date

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.

Applicant signature

Print full name

Date