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| **ADFS Membership Application Form** | | | | |
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| **Type of Membership Applied for** | | | | |
| Type of Membership  (Please mark with X) | | 1. Ordinary Member | | 1. Industry Member |
| **Basic Information** | | | | |
| Full Name |  | | | |
| Institute |  | | | |
| Address |  | | | |
| Email |  | | | |
| Work Title |  | | | |
| Work Place |  | | | |
| **Information about your Practice as Diabetic Foot Surgeon**  *(Only to be filled in by members applying as diabetic foot surgeons)* | | | | |
| Year of Medical Graduation | | |  | |
| Medical Speciality | | |  | |
| Time Period as Performing Diabetic Foot Surgeon | | |  | |
| Type of Surgical Procedures Performed on Diabetic Foot Patients | | |  | |
| If not Actively Operating on the Diabetic Foot please Motivate your Interest in Diabetic Foot Surgery | | |  | |

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| Please insert your CV here: |

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| Your application will be handled within 3 months.  To learn more about the application procedure please consult [www.a-dfs.org](http://www.a-dfs.org) |