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| **IADFS 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
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| **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.iadfs.org/membership  |