

ISSLS
MEMBERSHIP APPLICATION FORM (Must be filled out in full)

NAME _____
 Last **First** **Middle**

BIRTHDATE _____

AFFILIATION _____

Institution _____

Address _____

City/State/Province _____

Country _____

Mailing Code _____

Phone _____ **Fax** _____

Home phone _____

E mail _____

TITLE (S) POSITION (S) _____

SCIENTIFIC CONTRIBUTIONS – most significant spinal research. Please list 3 peer reviewed lumbar spine research papers and enclose reprints.

List paper and poster presentations at ISSLS meetings over the past 4 years with all authors as listed in the formal program.

OTHER CONTRIBUTIONS TO LUMBAR SPINE RESEARCH, TREATMENT AND/OR EDUCATION

BRIEF DESCRIPTION ABOUT THE APPLICANTS CURRENT INTEREST IN THE STUDY OF THE LUMBAR SPINE

PLEASE SUBMIT 3 NAMES OF PRESENT MEMBERS OF THE SOCIETY TO WHOM THE SOCIETY CAN WRITE FOR RECOMMENDATIONS

1. _____
2. _____
3. _____

Please send a curriculum vitae to each of the people you are asking to sponsor you.

Please attach along with this completed form:

1. a curriculum vitae
2. reprints of 3 spinal research papers

Send 5 copies of each to:

**International Society for the Study of the Lumbar Spine
% Shirley Fitzgerald
Sunnybrook & Women's Health Science Centre
2075 Bayview Avenue, Room MG 323
Toronto, ON, Canada M4N 3M5**