INSTRUCTIONS FOR APPLICATION FOR MEMBERSHIP
OF THE CSRS (EUROPEAN SECTION)

1. Candidacy is open to individuals who have demonstrated continuous interest in the cervical spine and have contributed to the speciality with publications as research.

2. The following criteria must be fulfilled:
   - Advanced degree for nonclinical specialists or Board Certification for clinical specialists.
   - Sponsor and one other letter of recommendation – (both must be members of the Cervical Spine Research Society) PLUS:
     - Submit an Abstract to a CSRS-ES Annual Meeting or Present a case at a CSRS-ES Theoretical Meeting or Attend a CSRS-ES Cadaveric Instructional Course.
   - Membership will be confirmed on your attendance at the next Annual Meeting of the CSRS-ES.

3. Send by email to the CSRS-ES Administrative Office: info@csrs-es.org
   - The application form (see below)
   - Your Curriculum Vitae and Photograph
   - Letter of recommendation from two members of the society

The candidate may be called for an interview with the Membership Committee if deemed necessary.
The Membership Committee first submits the candidates name at the officers' meeting and then at the member's General Assembly.
APPLICATION FOR MEMBERSHIP OF THE CSRS (EUROPEAN SECTION)

Family name: ______________________________
First name: ________________________________
Date of birth: __________
Nationality: ________________________________
Spouse/Partner’s name: ______________________

Private address:
Street and number: ____________________________________________
Postal code: _______City: ________________________________________
Country: ______________________________________________________

Specialty:
☐ Orthopaedics  ☐ Neurosurgery  ☐ Other (specify) ________________
Professional Board Certification ________ (year)
Academic degree: ____________________________
Present position (Institution): _________________________________
Institution: ________________________________________________
Since ______ years

Institutional Address:
Department: _____________________________________________
Street and number: _________________________________________
Postal code: ________City: _________________________________
Country: ________________________________________________
Telephone: __________________________________________
Fax: _______________________________________________
e-mail: ____________________________________________

Scholarships, fellowships (if not listed in the CV)

____________________________________________________________________________________________________

Are you a member of any other National/International Medical Society’s □Yes □No
Please, specify:

____________________________________________________________________________________________________

Attendance:

Participation in previous CSRS Meetings? (CSRS-US or CSRS-AP)
Year _______________ Location ___________________________________________________________________________

Oral Presentation at CSRS meetings (CSRS-ES or CSRS-AP) as speaker
or co-author:
Year _______________ Location ___________________________________________________________________________
Title _______________________________________________________________________________________________

Abstract (Oral or Posters) submitted at CSRS meetings (CSRS-ES or CSRS-AP) as speaker
or co-author:
Year _______________ Location ___________________________________________________________________________
Title _______________________________________________________________________________________________

Attendance of a CSRS-ES Cadaveric Instructional Course in Barcelona or Theoretical
Course (one day) Case Presentation:
Year __________

Sponsored by (sponsors must be members of the CSRS):
Name of sponsor ___________________________ Country ______________
Name of sponsor ___________________________ Country ______________
Name of sponsor ___________________________ Country ______________
______________________________________________________________ 

APPLICANTS SIGNATURE: ___________________________ Date: ______________________