



ASSOCIATE MEMBER APPLICATION

INSTRUCTIONS: PLEASE TYPE OR PRINT ALL INFORMATION

NAME (surname first) _____

MAILING ADDRESS _____

TELEPHONE _____ FACSIMILE _____

E-MAIL ADDRESS _____

SIGNATURE _____ DATE OF APPLICATION _____

Enclosed with this application:

1. Copies of all operative reports of all craniofacial procedures performed in the 24 months immediately preceding the date of this application (if surgery is your specialty).
2. A list of clinical team members stating their names and specialty.
3. A list of publications and scientific contributions including full curriculum vitae.
4. Letters of sponsorship from two presently active members of this Society (may be sent separately).
5. A letter from the head of the program where you trained in craniofacial surgery for at least six months. (if surgery is your specialty)
6. A processing fee of USD\$50.00 payable to the International Society of Craniofacial Surgery. Please use the Processing Fee Registration Form (can be downloaded in Application Section).
7. **NO APPLICATION WILL BE ACCEPTED UNLESS ALL OF THE ABOVE ARE ASSEMBLED TOGETHER IN A SINGLE PACKAGE** (except number 4).

N.B. 1 and 5 are only requested from craniofacial surgeons, and not for related specialists.



ASSOCIATE MEMBER CERTIFICATION

By my signature of this form, I certify that:

- I am an active member of a major medical specialty society and practice this specialty in my country.
and (check one) :

If surgeon: I am a legally qualified practicing surgeon, active in craniofacial surgery

If non-surgeon specialist : I am actively engaged in a craniofacial team

DATE OF CERTIFICATION: _____

APPLICANT'S SIGNATURE: _____

Once completed, please send your application file to:

Prof. Dr. Irene Mathijssen
ISCFS Secretariat
Eendrachtsweg 57b
3012 LE Rotterdam
The Netherlands
Phone : +(31)-10-7036393
Fax : +(31)-10-7036844
[e-mail : info@iscfs.org](mailto:info@iscfs.org)