



**SAKS**  
SOUTH AFRICAN KNEE SOCIETY

## *Application for Membership*

Please complete the following application using block letters. Applicants must fill out this form completely. Please forward your completed application and supporting materials to the Secretary of The South African Knee Society.

### *Personal Information*

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Title: Mr  Dr  Prof  Other: \_\_\_\_\_ Degree: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: Male  Female

State your membership of other local and international societies.

SAOA Active  Assoc.  Subspeciality  \_\_\_\_\_ ISAKOS

Other: \_\_\_\_\_

Which SA Knee Society meetings have you attended? \_\_\_\_\_

### *Academic Information*

	University	Degree	Year
Undergraduate	_____		
Postgraduate	_____		
Fellowships	_____		

Publications/Presentations: Please attach a list to this application

### *Standard Practice Information*

Academic Affiliation \_\_\_\_\_ Hospital Affiliation \_\_\_\_\_

Practice Setting: University  Private  Both

No. of Cases /year: Arthroscopy\_\_\_\_, Knee Surgery\_\_\_\_, Arthroplasty\_\_\_\_.

**Sponsor Form B**

Sponsor's Name: \_\_\_\_\_

All applicants who are applying for Membership must supply at least one sponsor form, which must be completed by an Active Member of The SA Knee Society. The sponsor should be an orthopaedic surgeon in your area.

The information you provide will only be reviewed by the Executive Committee. All answers and additional comments are confidential.

1. Are you an Active Member of The SA Knee Society? Yes  No

2. How long have you known the applicant? 0 - 5 years  5 - 10 years  10 or more years

3. In what capacity have you worked with the applicant?

Partner/Associate  Fellowship  Registrar  Other: \_\_\_\_\_

4. Describe your current professional affiliation with the applicant:

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9. Do you recommend the applicant for Active Membership in ISAKOS? Yes  No

Comments: \_

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Signature

Date

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