



# APPLICATION FORM

## INTERNATIONAL SOCIETY FOR PROSTHETICS AND ORTHOTICS

### Personal Information

Organization/Institution/Company	<input type="text"/>				
Title	<input type="text"/>	Last Name	<input type="text"/>	First Name	<input type="text"/>
Address	<input type="text"/>				
City	<input type="text"/>	Postal Code	<input type="text"/>		
County	<input type="text"/>	Country	<input type="text"/>		
Phone1	<input type="text"/>	Phone2	<input type="text"/>		
Email	<input type="text"/>	Fax	<input type="text"/>		
Nationality	<input type="text"/>	Date of Birth	<input type="text"/>	Gender	<input type="text"/>

### Professional Information

Present Position	<input type="text"/>				
Qualification1	<input type="text"/>				
Qualification2	<input type="text"/>				
Professional Category	<input type="text"/>	Subcategory	<input type="text"/>		
if other, please specify:	<input type="text"/>				

### Language Information

Mother tongue	<input type="text"/>		
Language1	<input type="text"/>	Level	<input type="text"/>
Language2	<input type="text"/>	Level	<input type="text"/>
Language3	<input type="text"/>	Level	<input type="text"/>

### Other Information

Type of Membership requested	<input type="text"/>		
Willingness to work for ISPO	<input type="text"/>	Time available	<input type="text"/>

### Current Activities

*please provide a brief summary here*

### ISPO Contact Information

Please return the completed application form via email, fax or post to:  
ISPO UK NMS Secretariat, PO Box 2781, Glasgow, G61 3YL  
Email: [info@ispo.org.uk](mailto:info@ispo.org.uk) Fax: ++44 (0) 141 560 4092