



APPLICATION FORM

INTERNATIONAL SOCIETY FOR PROSTHETICS AND ORTHOTICS

Personal Information

Organization/Institution/Company					
Title		Last Name		First Name	
Address					
City			Postal Code		
County			Country		
Phone1			Phone2		
Email			Fax		
Nationality		Date of Birth		Gender	

Professional Information

Present Position					
Qualification1					
Qualification2					
Professional Category					
		if other, please specify:			

Language Information

Mother tongue					
Language1			Level		
Language2			Level		
Language3			Level		

Other Information

Type of Membership requested		Full		Student	
Willingness to work for ISPO		Yes	No	Time available	

Current Activities

please provide a brief summary here

Subscription Fees - £105 (full member) £27 (student member)

Payment may be made by cheque, made payable to ISPO UK NMS or by online bank transfer – please e-mail info@ispo.org.uk for bank details.

Please return the completed application form via e-mail to info@ispo.org.uk or post to ISPO UK MS Secretariat, PO Box 7225, Pitlochry, Perthshire, PH16 9AH