



IOF COMMITTEE OF NATIONAL SOCIETIES

APPLICATION TO REVISE MEMBERSHIP STATUS FROM ASSOCIATE TO FULL MEMBER

Name of Society	
Name of person completing this form	
Name of the IOF representative	
Address	
Phone Fax E-mail Website	
Current status in IOF CNS	<input type="checkbox"/> Associate member <div style="text-align: right;">Date of joining</div>
<input type="checkbox"/> We would like to apply for FULL membership in IOF Committee of National Societies	
If accepted we agree to the responsibilities of Full Membership in IOF CNS, including payment of annual fee of CHF 500	

.....
Signature
Date

Please attach a report on your activities during the last 2 years.

Please return the completed form electronically to:

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 Fax: +41 22 994 01 01, Tel: +41 22 994 0122, Email: ltrouleyre@osteofound.org