

> Only electronic versions will be considered.
Incomplete applications will not be accepted for submission to the CSA election process

Last name:	
First name and middle initial:	
Date of birth:	
Position:	
Specialty (i.e Endocrinologist, Nutritionist, Orthopedist, Geriatrician, GP, Internist, etc)	
Affiliation to other scientific societies:	
E-mail:	
Phone:	
Fax:	
Professional Contact Address:	
Country:	
City, State, Zip/Post Code:	
Main Research/Clinical Interest (minimum 5 lines)	
Past contributions to the CSA (minimum 5 lines)	
Motivations and Expectations in re-joining the CSA (minimum 5 lines)	
Ten most prominent publications: (First Author, Journal Name (abbrev.), Year, Volume, Issue and Page Numbers)	
	1.
	2.
	3.
	4.
	5.
	6.
	7.
	8.
	9.
	10.

> Dear Chairman of the CSA,
I would like to apply as full member of the CSA and I am well aware that participation to this Committee is based on scientific merit.

Four members of the CSA originating from 4 different countries are supporting my application:

Signature:			
Name:		Date:	

1

Signature:			
Name:		Date:	

2

Signature:			
Name:		Date:	

3

Signature:			
Name:		Date:	

4

> Looking forward to actively participating to the CSA activities, I remain,
Sincerely yours,

Applicant signature:			
Print full name:		Date:	

Letter of Advocacy			
Advocate signature :			
Print full name :		Date :	