



ACTIVE MEMBER APPLICATION

INSTRUCTIONS: PLEASE TYPE OR PRINT ALL INFORMATION

NAME (surname first) _____

MAILING ADDRESS _____

TELEPHONE _____ FACSIMILE _____

E-MAIL ADDRESS _____

SIGNATURE _____ DATE OF APPLICATION _____

Enclosed with this application:

1. Copies of all operative reports of all craniofacial procedures performed in the 24 months immediately preceding the date of this application (see attached Appendix from By-Laws).
2. A list of clinical team members stating their names and specialty.
3. A list of publications and scientific contributions including full curriculum vitae.
4. Letters of sponsorship from two presently active members of this Society (may be sent separately).
5. A letter from the head of the program where you trained in craniofacial surgery for at least six months.
6. A processing fee of USD \$50.00 payable to the International Society of Craniofacial Surgery. Please use the Processing Fee Registration Form (can be downloaded in Application Section).
7. **NO APPLICATION WILL BE ACCEPTED UNLESS ALL OF THE ABOVE ARE ASSEMBLED TOGETHER IN A SINGLE PACKAGE** (except number 4).

Send your application package to:

Dr. Eric Arnaud
ISCFS Secretary-Treasurer
130 Rue de la Pompe
75116 PARIS, France
Tel: +(33)-1 47 27 44 31
Fax: +(33)-1 47 27 65 15



ACTIVE MEMBER CERTIFICATION

By my signature of this form, I certify that I am a legally qualified practicing surgeon, active in craniofacial surgery.

I have been in active practice of craniofacial surgery for at least five years.

I am an active member of a major medical specialty society and practice this specialty in my country.

DATE OF CERTIFICATION: _____

APPLICANT'S SIGNATURE : _____
(Active Membership)