

IOF COMMITTEE OF SCIENTIFIC ADVISORS (CSA) Membership Application Form



International
Osteoporosis
Foundation

> 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:	
Affiliation to other scientific societies:	
E-mail:	
Phone:	
Fax:	
Professional Contact Address:	
City, State, Zip/Post Code:	
Country:	
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.

LETTER OF APPLICATION TO THE IOF COMMITTEE OF SCIENTIFIC ADVISORS



International
Osteoporosis
Foundation

> 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:			
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Name:		Date:	
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1

Signature:			
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Name:		Date:	
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2

Signature:			
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Name:		Date:	
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3

Signature:			
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Name:		Date:	
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4

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

Applicant signature:			
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Print full name:		Date:	
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IOF COMMITTEE OF SCIENTIFIC ADVISORS (CSA)

Letter of Advocacy (optional)



**International
Osteoporosis
Foundation**

Letter of Advocacy
(maximum 20 lines)

Advocate signature:

Print full name:

Date: