

Membership

NOTE:

We are required, for legal reasons, to request that you submit your application in writing.

You have the following options to do so:

* download as a Word document or as a .pdf file

* print internet page and complete,
then submit your application by post,
or by fax, to ++49-(0)2131/5127748.

Thank you for your cooperation.

The Association's objectives:

IGOST's objectives are the research, diagnostic investigation, treatment, prevention and detection of original causes of pain syndromes, caused by functional and structural disorders in the muscular-skeletal system, and secondary, associated reflex pain syndromes, in particular taking into consideration the somatization of psychological disorders.

Application for membership

Personal details:

Name:

First name:

Title:

DOB:/...../.....

Work address:

Address:

Postal code: City: Country:

Telephone: (.....) - Fax: -.....

e-mail@..... homepage: www.....

"Hotline": (.....) -

Home address:

Address:

Postal code: City: Country:

Telephone: (.....) - Fax: -.....

Education

a. Education and academic degrees:

1. Final examinations in:

(e.g. Medical Science, Dentistry, Biology etc.)

2. Specialist subject:

3. Current position:.....

(private practice, university, hospital, current subject area)

4. Specialist doctor for :.....

since:

Additional qualifications (e.g. chiropractics...):

.....
.....

b. Therapy practices and programmes:

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.....
.....
.....
.....

c: Type of membership (please indicate as appropriate):

membership as NON-SPECIALIST DOCTOR no application fee annual fee: € 100,00 (orthopaedics,
other specialist subject areas), the fee will be discounted upon attendance at IGOST training courses

membership as SPECIALIST DOCTOR application fee: €25,00 annual fee: € 140,00 (orthopaedics,
other specialist subject areas)

d. member of other associations:

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.....

I agree with the objectives of IGOST and hereby apply for membership. I am willing to participate in scientific, journalistic activities and lecturing, as required

yes

no

I hereby authorize IGOST to debit my account with the application fee and membership fee, as appropriate in accordance with the Articles of Association of IGOST.

Bank:

Branch address:

Sort code:

Account number:.....

.....
Place Date Signature and official seal/stamp (where applicable).

.....
1st Guarantor

.....
2nd Guarantor

For internal use only (not to be completed by applicant)

Application received:.....

Decision of Board:.....

Date:.....

Dispatch of AoA and application form for membership to applicant:

.....
Please send this application to:

Geschäftsstelle der IGOST

Robert-Koch-Str. 14a

41564 Kaarst

Germany

or, by fax, to ++49-(0)2131 - 5 12 77 48