



EURAPS MEMBERSHIP APPLICATION FORM

EURAPS

Name:

Place and date of birth:

Address:

Phone: E-mail:

Name of Proposer (EURAPS Member)

Address:

Signature:

Name of Seconder (EURAPS Member)

Address:

Signature:

This proposal is accompanied by (5 copies of each item):

1. Certificate of registration as a Specialist in Plastic Surgery
2. Evidence of Full Membership of the National Plastic Surgical Society
3. Evidence of EBOPRAS examination, if taken (not for Corresponding Members)
4. Curriculum Vitae (C.V.) submitted according to the Membership Application guidelines
5. One copy of a regular C.V.

Send your application to:

EURAPS Central Office
Division of Plastic and Reconstructive Surgery
Department of Surgery
Medical University of Vienna
Wahringer Guertel 18-20
A-1090 Vienna, Austria