

**INTERNATIONAL SOCIETY OF LIMB SALVAGE**



**International Society  
Of Limb Salvage**

[www.isols.info](http://www.isols.info)

**ISOLS OFFICE**

c/o Vienna Medical Academy, Mrs. Dagmar Serfezi  
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1090 Vienna, Austria  
phone: +43 1 405 13 83-21  
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e-mail: [office@isols.info](mailto:office@isols.info)

Family name

First names

Date of birth

Nationality

Academic Title or Position

Mailing address

City

Postal Code

State

Country

E-mail

Phone

Fax

Present position

Signature

Date

**The application form completed and signed by the proposed member and by the sponsor(s) together with letters of recommendation from 2 regular members of the association has to be sent to ISOLS office in Vienna. Attn. Mrs. Dagmar Serfezi (office@isols.info) Applications for membership shall be sent at least 6 weeks prior to the ISOLS General Assembly**

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1. SPONSOR

I the undersigned, from personal knowledge, regard the candidate as a person of high professional and moral standing and propose him for membership of the International Society of Limb Salvage.

Name

Address

Signature

Member of ISOLS

2. SPONSOR

I the undersigned, from personal knowledge, regard the candidate as a person of high professional and moral standing and propose him for membership of the International Society of Limb Salvage.

Name

Address

Signature

Member of ISOLS

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