



# International Society for Digestive Surgery

Founded as Collegium Internationale Chirurgiae Digestivae

EXECUTIVE OFFICE  
Department of Surgery  
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Web: [www.isds-cicd.org](http://www.isds-cicd.org)

## MEMBERSHIP APPLICATION FORM

Please type

Family Name

First Name

Middle Names

Mailing Address

City

State

Zip

Country

Phone Hospital/Office

Fax

E-mail Address

Date of Birth\*

Nationality

day / month / year

*\*If you are less than 40 years of age and wish to claim the reduced dues available to young surgeons, include a copy of your birth certificate, passport or other similar documentation.*

1. Medical schools

Dates attended

Degree(s), Year Awarded

2. Postgraduate training in surgery

Years

3. Previous appointments (not more than two)

4. Present position

5. List the national or international surgical or gastroenterological societies of which you are a member.

a. National

b. International

6. Please append a complete list of your publications, a brief curriculum vitae and a recent photograph.

Date

Signature of Applicant

continued →

SPONSOR (who must be ISDS Members)

I, the undersigned, from personal knowledge, regard the candidate as a person of high professional and moral standing, well experienced in the field of digestive surgery, and propose him or her as suitable for membership in the international Society for Digestive Surgery (ISDS).

1. Print Name

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Address

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Signature

member of the ISDS

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***For Office Use Only:***

DECISION OF EXECUTIVE COMMITTEE OF THE ISDS

Date received \_\_\_\_\_

Date elected \_\_\_\_\_

Signature of the Secretary General

Date

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COMMENTS

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