

MuSkITYR – Membership application

Personal information First name:

Last name:

Email:

Phone:

Degree/qualification:

Membership in other societies:

Social Media Account:

Professional information

Current position (since…):

Department/clinic:

**Predominant research fields** (e.g. osteology, rheumatology, biomechanics, etc.):

**Methodical expertise** (e.g. qPCR, 3-point-bending, clinical studies, etc.):

I hereby grant permission to store my information in the internal MuSkITYR database until further notice.

Signature Place, Date