

APPLICATION FOR MEMBERSHIP



MEMBER INFORMATION

FIRST NAME	<input type="text"/>	DATE OF BIRTH	<input type="text"/>
FAMILY NAME	<input type="text"/>	MALE/FEMALE	<input type="text"/>
DEGREE	<input type="text"/>		
TITLE	<input type="text"/>		

INSTITUTION/COMPANY

NAME	<input type="text"/>	DEPARTMENT	<input type="text"/>
ADDRESS	<input type="text"/>		
	<input type="text"/>		
CITY	<input type="text"/>	POSTAL CODE	<input type="text"/>
STATE	<input type="text"/>	COUNTRY	<input type="text"/>

PROFESSIONAL INFORMATION

YEAR OF GRADUATION (DEGREE AND YEAR)	<input type="text"/>
CURRENT POSITION (RESIDENT/FELLOW/DIRECTOR/...)	<input type="text"/>
FIELD OF STUDY (MEDICINE, PHARMACY, ...)	<input type="text"/>
FIELD OF RESEARCH INTEREST	<input type="text"/>
CURRENT EMPLOYMENT: ACADEMIA/INDUSTRY/REGULATORY/...	<input type="text"/>

CONTACT INFORMATION

PHONE NUMBER	<input type="text"/>
MOBILE PHONE	<input type="text"/>
E-MAIL	<input type="text"/>
ASSISTANT E-MAIL	<input type="text"/>

REFERENCES

REFERRED BY	<input type="text"/>
HOW DID YOU LEARN ABOUT ESDPPP	<input type="text"/>

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SIGNATURE

The signatory applies to join the ESDP European Society for Developmental Perinatal & Paediatric Pharmacology VZW with seat in Herestraat 49, 3000 Leuven, Belgium as a member and will accept the regulations as for him/her binding once accepted as member. The signature confirms to have taken notice of the societies constitution.

SIGNATURE:

PLACE:

DATE:

- Please send a signed printout of this form by e-mail to membership@esdppp.org
- Please add your current CV (max 2 A4-pages) to this application form, including a list of current publications.
- All applications are subject to review and approval by ESDPPP.
- ESDPPP reviews the curricula vitae of all members and reserves the right to reject any membership at any time.
- Your annual payment is expected promptly, through the ESDPPP website's Paypal form, please read the instructions carefully.

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