

European Society of Paediatric Urology

MEMBERSHIP APPLICATION FORM

(please fill it with typed or block letters)

Name Title

First names date of birth sex

Professional address

.....

Professional telephone Fax

E-mail

Home address

.....

Home telephone Fax

E-mail

Hospital and university positions

.....

Scientific societies membership

.....

- | | | |
|---|-----|----|
| <input type="checkbox"/> <i>I am performing mainly (75 % to 100 %) Paediatric Urology
ordinary member (Europe) or corresponding member (outside Europe)</i> | YES | NO |
| <input type="checkbox"/> <i>I am very interested in Paediatric Urology, but doing it less than 75 % on my time
associate member (Europe) or corresponding member (outside Europe)</i> | YES | NO |
| <input type="checkbox"/> <i>I am not a surgeon, but I am interested by some particular aspects of Paediatric Urology
corresponding member (Europe or outside Europe)</i> | YES | NO |

- I apply for :
- ordinary member
 - associate member
 - corresponding member
 - senior member

If applying for Ordinary membership, please supply **2 original letters signed by 2 ESPU ordinary members** in support of your application and confirming that the status for which you have applied is appropriate. And **include a personal logbook of past 2 years surgical procedures and a list of publication of the last 5 years.**

Names of the 2 ESPU ordinary members :

Date

Signature of the applicant :

Each application form will be submitted to the ESPU Board within 3 months of its receipt by the Secretary.

Secretary - Dr Guy A. Bogaert - Urologie KinderUrologie - UZ Gasthuisberg

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