

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 (80 % 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 80 % 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 a **CV**, **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. If the board finds it appropriate your application may also **include a personal logbook of past 2 years surgical procedures**.

The application for **Associate & Corresponding membership** should be accompanied by **2 supporting letters from 2 ordinary members of the ESPU**. Further supporting documentation may be requested by the board.

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.

Administrative Coordinator – Christel Teuwen - Urologie/KinderUrologie - UZ Gasthuisberg

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ESPU WEB SITE <http://www.espu.org>