

European Society for Paediatric Urology

MEMBERSHIP APPLICATION FORM

(please fill it with typed or block letters)

Names 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

.....

*I am performing mainly (80 % to 100 %) Paediatric Urology
ordinary member (Europe) or corresponding member (outside Europe)* YES NO

*I am very interested in Paediatric Urology, but doing it less than 80 % on my time
associate member (Europe) or corresponding member (outside Europe)* YES NO

*I am not a surgeon, but I am interested by some particular aspects of Paediatric Urology
corresponding member (Europe or outside Europe)* YES NO

*I am highly interested in pediatric urology and pursue my career in pediatric urology
in the future and below 35 years of age (Europe or outside Europe)* YES NO

- I apply for :
- Ordinary member
 - Associate member
 - Corresponding member
 - Senior member
 - "Junior 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.

The application for **Junior membership** should be accompanied by **one supporting letter from ordinary members** (if from Europe) **or corresponding members** (if outside Europe).

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 – Veronique Michiels - Urologie/KinderUrologie - UZ Gasthuisberg

Herestraat 49 - B-3000 LEUVEN - Belgium

Tel : + 32 494 631 046 - Fax : + 32 16 346 931 - e-mail : administrative.coordinator@espu.org

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