



# Application Form for Group Membership

|   |  |
|---|--|
| <b>Country</b>  |  |
| <b>Name of Society in local language</b>                                    |  |
| <b>Abbreviation of name</b>   |  |
| <b>Name of Society in English</b>   |  |
| <b>Website:</b>   |  |
| <b>Total number of members</b>  |  |
| <b>Which kind of professions can become member of the national society?</b> |  |
| <b>Aims of society</b>  | <ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> </ol> |

## Contact person:

|                           |  |
|---------------------------|--|
| <b>The contact person</b> | <ul style="list-style-type: none"> <li>• should be able to communicate in English</li> <li>• will receive all information from ESGENA with the request to communicate the information within the national society and/ or within country</li> <li>• will receive the printed ESGENA-News for distribution among members of the national society</li> </ul> |
| <b>Name</b>               |  |
| <b>Hospital</b>           |  |
| <b>Department</b>         |  |
| <b>Street</b>             |  |
| <b>ZIP Code</b>           |  |
| <b>City</b>               |  |
| <b>Country</b>            |  |
| <b>Email:</b>             |  |
| <b>Telephone</b>          |  |
| <b>Fax</b>                |  |

## President of society

|                      |  |
|----------------------|--|
| <b>Name</b>          |  |
| <b>The president</b> | <ul style="list-style-type: none"><li>• will receive all information in CC, sent to the contact person</li><li>• will receive the invoice for payment of membership fees</li></ul> |
| <b>Hospital</b>      |  |
| <b>Department</b>    |  |
| <b>Street</b>        |  |
| <b>ZIP Code</b>      |  |
| <b>City</b>          |  |
| <b>Country</b>       |  |
| <b>Email:</b>        |  |
| <b>Telephone</b>     |  |
| <b>Fax</b>           |  |

## Address to be used for invoices

|                   |   |
|-------------------|---|
|                   | Due to national tax law, it might be necessary to use a special address or another address than the president's address. In this case, please include the correct address |
| <b>Name</b>       |   |
| <b>Hospital</b>   |   |
| <b>Department</b> |   |
| <b>Street</b>     |   |
| <b>ZIP Code</b>   |   |
| <b>City</b>       |   |
| <b>Country</b>    |   |
| <b>Email:</b>     |   |
| <b>Telephone</b>  |   |
| <b>Fax</b>        |   |

Please note that by signing this application, the national society allows ESGENA

- To establish a link to the society website
- To publish the name of the contact person and the president on the ESGENA website
- to use the announced email addresses for the mailings of
  - ESGENA membership issues,
  - the ESGENA e-Newsletter,
  - conference announcements and
  - further educational activities relevant for ESGENAESGENA will not share your contact details information with third parties.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (on behalf of society)

\_\_\_\_\_  
Name (in block letter):

\_\_\_\_\_  
Position within society:

Please send the application form to:  
ESGENA Technical Secretariat  
c/o. Rietta Schönberger  
Am Kastell 2  
85077 Manching, Germany  
Phone: +49 (0) 8459/323941  
Fax: +49 (0) 8459/323942  
E-mail: [info@esgena.org](mailto:info@esgena.org)