

# APPLICATION FOR MEMBERSHIP FOR THE EURLSSG e.V.

First name: \_\_\_\_\_ Surname: \_\_\_\_\_

Birth-Date: \_\_\_\_\_ Mr.  Mrs.

Department \_\_\_\_\_

Institution/Company: \_\_\_\_\_

Street/P.O.Box: \_\_\_\_\_

Postal code: \_\_\_\_\_ City: \_\_\_\_\_

State/Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail (required): \_\_\_\_\_

(Please complete all the details above)

Recommended by: \_\_\_\_\_

Profession (Please tick as many boxes with the description that is applicable to you):

- |  |   |
|--|---|
| <input type="checkbox"/> Clinician (MD)                          | <input type="checkbox"/> Clinician researcher (MD, PhD) |
| <input type="checkbox"/> Clinician (Nursing/Allied professional) | <input type="checkbox"/> Academic/Professor             |
| <input type="checkbox"/> Laboratory scientist                    | <input type="checkbox"/> Other _____                    |

Area of expertise or interest (Please tick as many boxes with the description that is applicable to you):

- |   |  |
|---|--|
| <input type="checkbox"/> Epidemiology                 | <input type="checkbox"/> Animal Models   |
| <input type="checkbox"/> Genetics & Molecular Studies | <input type="checkbox"/> Iron Metabolism |
| <input type="checkbox"/> Diagnostic & Clinical Trials | <input type="checkbox"/> Neurophysiology |
| <input type="checkbox"/> Pathophysiology              | <input type="checkbox"/> Rehabilitation  |
| <input type="checkbox"/> Other _____                  |  |

Attached CV

Please give a short statement describing your interest in joining the EURLSS Group

**Send the completed application by e-mail or post to:**

Office of EURLSSG

Kirchstetten 14 a, 87754 Kammlach, Germany

Fax: ++49-8261-759-114

[office@eurlssg.org](mailto:office@eurlssg.org)

[www.eurlssg.org](http://www.eurlssg.org)