ESID Membership – Junior Member's Trainee Declaration Form

If you have indicated that you qualify for the ESID Junior in Training membership category, please fill in this form and return by **e-mail** to the following address in order to qualify for the reduced membership fee:

European Society for Immunodeficiencies (ESID)
Mijnbouwstraat 23, Delft, the Netherlands
Email: membership@esid.org
Website: www.esid.org

Full Name:

Hospital/Institution name and address:

Department:

Tel:

Fax:

E-mail:

I confirm that I am a Trainee/Resident
In year/s:

Signature: Date:

For completion by the Head of Department:

I confirm the above particulars to be correct.

The above subscriber is currently a trainee/resident.

Department:

Institution:

Date:

Name:

Signature: