



ESID Membership – Junior Member's Declaration Form

If you have indicated that you qualify for the ESID Junior in Training membership category, please fill in this form and upload it to your account on the ESID membership platform when submitting your membership application/renewal request to qualify for the reduced membership fee:

European Society for Immunodeficiencies (ESID)

Email: membership@esid.org

Website: www.esid.org

Full Name:

Hospital/Institution name and address:

Department:

Tel:

Fax:

E-mail:

I confirm that currently I do not hold a permanent position.

Signature:

Date:

(Optional) For applicants currently taking part in a training programme or equivalent.

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: