**APPLICATION FOR MEMBERSHIP   
TO THE EUROPEAN SOCIETY FOR PEDIATRIC NEUROSURGERY**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Active Member: | |  | | Candidate Member: | | | |  |
| Affiliate Member: | |  | | Associate Member: | | | |  |
| Family Name: |  | | | | | | | |
| First Name: |  | | | | | | | |
| Title: |  | | | | | | | |
| Position: |  | | | | | | | |
| Affiliation: |  | | | | | | | |
| Address: |  | | | | | | | |
| City: |  | | | | Postal code: | |  | |
| Country |  | | | | | | | |
| Phone: |  | | Fax: | | |  | | |
| E-mail: |  | | | | | | | |

**Preferred Mailing Address (if different from above):**

|  |  |  |  |
| --- | --- | --- | --- |
| Address: |  | | |
| City: |  | Postal code: |  |
| Country |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ISPN Member: | Yes: |  | No: |  |

|  |  |
| --- | --- |
| 1st SPONSOR (letter attached): |  |
| 2nd SPONSOR (letter attached): |  |

**SUPPORTING DOCUMENTATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Curriculum vitae: |  | Annual fee payment: |  |

Place and date       Signature

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| Please send your application plus supporting documents by e-mail to the attention of [secretariat@espnsociety.org](mailto:secretariat@espnsociety.org) and **Dr. Alexandru Szathmari - ESPN Membership Committee Chairman**  *Mother Children Hospital Bron. Hospices Civils de Lyon, Lyon-France*  E. alexandru.szathmari@chu-lyon.fr  For further information, please contact the ESPN Administrative Secretariat:  E. [secretariat](mailto:secretariat)@espnsociety.org  Attn. Ms. Marietta Boursinou or Ms. Margarita Katsiavou |

**VISIT THE ESPN WEBSITE AT** [**www.espneurosurgery.org**](http://www.espneurosurgery.org)