**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: | [ ]  |

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

**SUPPORTING DOCUMENTATION**

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| --- | --- | --- | --- |
| 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 and **Dr. Alexandru Szathmari - ESPN Membership Committee Chairman***Mother Children Hospital Bron. Hospices Civils de Lyon, Lyon-France*E. alexandru.szathmari@chu-lyon.frFor further information, please contact the ESPN Administrative Secretariat: E. secretariat@espnsociety.org Attn. Ms. Marietta Boursinou or Ms. Margarita Katsiavou |

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