



Application for Membership

I apply for membership to the EUPSA (European Paediatric Surgeons Association). I am aware that this application becomes only valid after payment of the annual membership fee. Membership is granted on the assumption that all statements are accurate.

Please fill out the form and fax it to +39/040/9870136, or send it by letter post.
Attach two letters of endorsement from EUPSA members in good standing.

To the EUPSA Honorary Secretary
Prof. Dr. Gonca Topuzlu Tekant, M.D.
Department of Pediatric Surgery
Istanbul University, Cerrahpasa Medical Faculty,
Cerrahpasa, 34303 - Istanbul, Turkey
Tel: +90 532 2711002
c/o EUPSA Office - fax: +39 040 9870136

Applicant * required field

Gender* Mrs. Mr.

Title

First/Given Name*

Last/Family Name*

Correspondence Address

Hospital or Institution	<input type="text"/>	e.g.: University of Bern
Institute/Dept.	<input type="text"/>	e.g.: Department of Paediatric Surgery
Street*	<input type="text"/>	
2nd Address Line	<input type="text"/>	
City*	<input type="text"/>	
ZIP/Postal Code*	<input type="text"/>	
Country*	<input type="text"/>	
Phone	<input type="text"/>	In international format (e.g.: +43/800/12345-0)
Fax	<input type="text"/>	
Email Address*	<input type="text"/>	

Applying for

- Active membership (paediatric surgeons only) – 75,00 EUR p.a.
- Paediatric surgeon in training – 75,00EUR p.a.
When do you expect to complete your training? (*) Traineeship confirmation by head of dept. must be sent to the secretary.

Endorsed by

Active member #1*

Active member #2*