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.

To the EUPSA Honorary Secretary
Prof. Augusto Zani
Saint Louis Children's Hospital
Saint Louis - USA
c/o EUPSA Office: office@eupsa.info

* required field

Applicant

Gender* Mrs. ☒ Mr. ☐

Title

First/Given Name*

Last/Family Name*

Correspondence Address

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

Applying for

☐ Active membership (paediatric surgeons only) – 100,00 EUR p.a.

☐ Paediatric surgeon in training – 100,00 EUR 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*

Are you interested in subscribing to the "European Journal of Pediatric Surgery" at the special EUPSA Members' rate

◉ Yes
○ No

Please send by email (informal & in advance) | Save

I hereby authorize the treatment of my personal data according to the current european directives (Law No. 196 of 30 June, 2003) Privacy policy.