

**The European Society of Gastroenterology and Endoscopy Nurses
and Associates (E.S.G.E.N.A.)**

Membership Application Form

GROUP MEMBER

Society Name : _____

Society Name in English: _____

Number of Members: **:** _____

Web site of the Society: _____

Permanent Secretariat = Contact Person:

Name: _____

Hospital: _____

Department: _____

Street _____

Zip code/City _____

Country: _____

Tel: _____

Fax: _____

Email: _____

President of the Society:

Name: _____

Hospital: _____

Department: _____

Street _____

Zip code/City _____

Country: _____

Tel: _____

Fax: _____

Email: _____

General Secretary of the Society:

Name: _____

Hospital: _____

Department: _____

Street _____

Zip code/City _____

Country: _____

Tel: _____

Fax: _____

Email: _____

Date

Signature (on behalf of society), Position