

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

**Membership Application Form**

**PASSIVE**

**Name:** \_\_\_\_\_

Hospital: \_\_\_\_\_

Department: \_\_\_\_\_

Zip code/City \_\_\_\_\_

Country: \_\_\_\_\_

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**About yourself**

▪ Job title \_\_\_\_\_

▪ Are you member of any national Society?  yes  no

Name of Society: \_\_\_\_\_

▪ Number of years worked in the past in:  
\_\_\_\_\_ Gastroenterology \_\_\_\_\_ Endoscopy

▪ What is your interest in the society (optional)?  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature