

# **APPLICATION FORM - EABP ASSOCIATE MEMBERSHIP**

Please inform yourself about the [EABP Membership Criteria and Conditions](http://www.eabp.org/membership-categories.php) and use the instructions for filling in this application form: www.eabp.org

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| **Name:** |  |
| **Contact Address:** |  |
|  |
|  |
| Tel: (including country code) |  |
| Email: |  |
| Website: |  |
| **Personal Details:** |  |
| Date of birth: |  |
| Sex: |  |
| Languages spoken: |  |
| Nationality: |  |
| Profession(s): |  |
| Other Education: |  |
| Please give reasons for applying. |  |

Signed: Date: Place:

**Please email this application to the EABP Secretariat** [**secretariat@eabp.org**](mailto:secretariat@eabp.org)

**or to the Secretary of the** [**National Association**](http://www.eabp.org/national-associations.php) **of the country in which you live.**

**On acceptance of membership you will be sent an invoice for the yearly Membership Fee of 50 Euros. When your fee has been paid you will be entered in the Membership database on the EABP (and/or National Association) website (s).**