



## AFILLIATE MEMBERSHIP - EPBS

EUROPEAN ACADEMIC NETWORK OF BIOMEDICAL SCIENCE

**ASSOCIATION'S REGISTERED OFFICE:**

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

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
(Please indicate international code for phone and fax numbers)

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

|   |
|---|
| Number of Biomedical Science students in your Institution |
|---|

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|                        |       |
|------------------------|-------|
| Your web page address: | _____ |
| Course name            | _____ |
| Master courses         | _____ |

## REPRESENTATION TO EPBS

I undersigned, \_\_\_\_\_, \_\_\_\_\_ of the \_\_\_\_\_ Institution  
hereby designate:

|   |                                  |                        |
|---|----------------------------------|------------------------|
| _____   | _____                            | _____                  |
| <small>Mr, Ms</small>   | <small>First Name</small>        | <small>Name</small>    |
| _____   | _____                            | _____                  |
| <small>Street, Number</small>   | <small>Postal code, City</small> | <small>Country</small> |
| Phone: _____  | Fax: _____                       | Mobile: _____          |
| <small>(Please indicate international code for phone, fax and mobile numbers)</small> |                                  |                        |
| Email: _____  |                                  |                        |

as **primary contact** representing our Institution to the EPBS.

\_\_\_\_\_  
Signature of the legal representative

\_\_\_\_\_  
Seal of the member institution

|                             |   |
|-----------------------------|---|
| Please return this form to: | FAX: +351 233043496<br>e-mail: <a href="mailto:generalsecretary@epbs.net">generalsecretary@epbs.net</a> |
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