

Name

European Association for Professions in Biomedical Science

Association internationale sans but lucratif Place Jean Jacobs, 3 ◆ B−1000 Bruxelles (Belgium) www.epbs.net

APPLICATION FOR MEMBERSHIP

Please complete this form and return it to:			Sonia Daadoucha P	Sonia Daadoucha Perroud		
			EPBS General Secre	tary		
			E-mail: generalsec	retary@epbs.ne	t	
	plication should be acco	•				
	Legal basis of your Asso					
	2. Copy of the constitution / statutes of your Association					
3. 4	 Brief summary of history, aims and objectives of your Association Number of registered members in your Association 					
	5. Statement of adherence to the EPBS Statutes and your desire to contribute actively to the EPBS goals					
_	6. Details of education in Biomedical Science (laboratory) in your country					
7.						
8.						
	a. Name of organization with responsibility for approval					
	b. Documentation required for application					
9.	Any other relevant sup	porting documentati	ion (e.g. Position papers)			
NAMI	E OF ASSOCIATION:					
		Accepted abbrevi	ation:			
Legal	standing of association (in your country's langu	uage):			
	Legal standing	g of Association (in En	nglish):			
		Year of found	ation:			
	Number of full pa	aying members at pro	esent:			
HEAD	QUARTERS ADDRESS:					
	Country:					
	Phone:		Fax:			
		(Please indicate intern	national code for phone and fax numbers)			
	E-mail:		Website:			
Is the e	ducational certificate fo	r your members reco	ognised by your government?	Yes	☐ No	
Are the	ere any other societies re	epresenting Biomedic	cal Science in your country?	Yes	☐ No	
		-	·	_		
Comme	ents:					
President's signature			Ge	General Secretary's signature		

Name