



APPLICATION FOR MEMBERSHIP

Please complete this form and return it to:

Neven Sucic
EPBS General Secretary
E-mail: generalsecretary@epbs.net

The application should be accompanied by:

1. Legal basis of your Association
2. Copy of the constitution / statutes of your Association
3. Brief summary of history, aims and objectives of your Association
4. 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. Qualification to practice as Biomedical Scientist in your country
8. Detailed requirements for nationals from other EU member states to work in your country:
 - a. Name of organization with responsibility for approval
 - b. Documentation required for application
9. Any other relevant supporting documentation (e.g. Position papers)

NAME OF ASSOCIATION:

Accepted abbreviation:

Legal standing of association (*in your country's language*):

Legal standing of Association (*in English*):

Year of foundation:

Number of full paying members at present:

HEADQUARTERS ADDRESS:

Country:

Phone: Fax:

(Please indicate international code for phone and fax numbers)

E-mail: Website:

Is the educational certificate for your members recognised by your government? Yes No

Are there any other societies representing Biomedical Science in your country? Yes No

Comments:

President's signature

General Secretary's signature

Name

Name