



send this application to:

SECRETARY GENERAL of the ESSR
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Please type or use CAPITALS to fill in

Family Name

First Name

Date of birth

Nationality

Clinic Institution

Address

Postal Code - City

Country/State

Fax

Telephone

Mobile

E-mail

Academic Title(s) University Degree(s)

Present Academic Function

Specific Research Interests

Representative publications

Please enclose:

- Curriculum vitae
- List of publications

Membership fee

The annual membership fee amounts to Euro 30 for regular members and Euro 15 for undergraduate. Payment should be done through international bank transfer (details are provided below) or by credit card (ignacio.galonso@ehu.es).

Beneficiary: European Society for Surgical Research (NIF: G95441499)

Bank details:

Banco Bilbao Vizcaya Argentaria (BBVA)
Doctor Areilza, 1
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Bank Identifier Code (BIC): BBVAESMMXXX
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Sponsorship of 2 ESSR Members

1. ESSR Member, Signature (and Name in Block Letters)

2. ESSR Member, Signature (and Name in Block Letters)

I herewith apply for membership of the European Society for Surgical Research

Date

Stamp

Signature