

MEMBERSHIP FORM

FOR PAYING BY BANK TRANSFER



Membership payments can also be made online using the secure Stripe gateway accessible via the ECFS website: www.ecfs.eu.
You do not need to complete this form if you have already paid for your membership online.

PROFESSIONAL INFORMATION

Title	
First Name	
Last Name	
Job Title	
Place Of Work	
Department	
Street Address	
City	
State/Province	
Country	
Postal Code	
Email	

SUBSCRIPTION OPTIONS

Please see overleaf for Subscription Types and Benefits

Select ONE option from the following:

Full (€120)* ☐	Full + ERS Subscription (€150)* ☐	Full 3 Year Subscription (€300)* ☐
Discounted (€50)** ☐	Discounted + ERS Subscription (€80)** ☐	
Corporate (€220) ☐		
Community (€100) ☐		

*Please tick here if you receive access to the Journal of Cystic Fibrosis via your institution and do not require access to the JCF through this membership ☐

**To be granted the discounted membership please email membership@ecfs.eu with the completed proof of your professional status form.

AREA OF INTEREST

Please indicate your primary and secondary area of interest with a 1 (primary) or a 2 (secondary)

Cell Biology/Physiology/Basic Science ☐	Gastrointestinal/Metabolic Complications/Endocrinology/Nutrition ☐	Microbiology/Antibiotics ☐
Clinical Trials/New Therapies ☐	Genetics/Screening/Diagnosis ☐	Physiotherapy/Exercise ☐
Epidemiology & Registry ☐	Immunology/Pulmonology ☐	Psychosocial/Nursing ☐

PAYMENT BY BANK TRANSFER

IMPORTANT: Please enter your first name, last name and the words 'ECFS membership' in the communication field

The above amount has been transferred to:
Account Name: ECFS - European Cystic Fibrosis Society
Account No: 5036 155 851
IBAN No: DK73 2000 5036 1558 51
SWIFT/BIC Code: NDEADKKK
Nordea Bank, Sct. Mathias Gade 68 DK-8800 Viborg, Denmark

Signature

The ECFS takes your privacy seriously. The ECFS Data Privacy Policy can be found at www.ecfs.eu/privacy-policy. Your data will be stored and used in accordance with this Policy. If you wish to withdraw consent at a later stage, please update your profile or contact privacy@ecfs.eu

PLEASE SEND COMPLETED FORM TO MEMBERSHIP@ECFS.EU

European Cystic Fibrosis Society
Kastanienparken 7
7470 Karup
Denmark

MEMBERSHIP FORM

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PROFESSIONAL GROUP	MEMBERSHIP NAME	BENEFITS	COST
- MEDICS/PHYSICIANS - SCIENTIFIC - RESEARCHERS - OTHER	FULL MEMBERSHIP	- ACCESS TO EDUCATION PLATFORM - ANNUAL JCF ONLINE SUBSCRIPTION - REDUCED CONFERENCE REGISTRATION FEES - RECEIPT OF PERIODIC NEWSLETTERS - ACCESS TO MEMBERS ONLY INFORMATION VIA MYECFS - VOTING RIGHTS	€120 ONE YEAR OR €300 THREE YEAR OR €150 WITH ANNUAL ERS MEMBERSHIP
- DIETITIAN/NUTRITIONIST - LABORATORY TECHNICIAN - NURSE - OCCUPATIONAL THERAPIST - PHARMACIST - PHD STUDENT - PHYSICIAN < 35 YEARS OLD - PHYSIOTHERAPIST - PHYSIOLOGIST - POST DOC - PSYCHOLOGIST - RESEARCH COORDINATOR - SOCIAL WORKER - OTHER - PLEASE EMAIL TO BE GRANTED THE REDUCED MEMBERSHIP FEE PLEASE CONTACT MEMBERSHIP@ECFS.EU WITH PROOF OF YOUR PROFESSIONAL STATUS.	DISCOUNTED MEMBERSHIP	- ACCESS TO EDUCATION PLATFORM - REDUCED CONFERENCE REGISTRATION FEES - RECEIPT OF PERIODIC NEWSLETTERS - ACCESS TO MEMBERS ONLY INFORMATION VIA MYECFS - VOTING RIGHTS	€50 OR €80 WITH ANNUAL ERS MEMBERSHIP
INDIVIDUALS AFFILIATED WITH PHARMACEUTICAL OR BIOPHARMACEUTICAL INDUSTRY	CORPORATE MEMBERSHIP	- ANNUAL JCF ONLINE SUBSCRIPTION - RECEIPT OF PERIODIC NEWSLETTERS - ACCESS TO MEMBERS ONLY INFORMATION VIA MYECFS	€220
 INDIVIDUALS AFFILIATED WITH PATIENT REPRESENTATIVE ORGANISATIONS	COMMUNITY MEMBERSHIP	 - ACCESS TO EDUCATION PLATFORM - ANNUAL JCF ONLINE SUBSCRIPTION - REDUCED CONFERENCE REGISTRATION FEES - RECEIPT OF PERIODIC NEWSLETTERS - ACCESS TO MEMBERS ONLY INFORMATION VIA MYECFS	€100

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