

PROFESSIONAL STATUS GROUP FORM

2025



ECFS DISCOUNTED MEMBERSHIP - PROOF OF PROFESSIONAL STATUS

Name of Head of Department

Place of Work (Department, Institution/Hospital, Street Address, City, Country):

I hereby confirm the following members of my department are eligible for discounted ECFS membership

Signature of Head of Department

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

Person 1

Name of Joining Member:

Email of Joining Member:

Professional Group:

- | | |
|---|--|
| <input type="checkbox"/> Dietitian/ Nutritionist | <input type="checkbox"/> Physiotherapist |
| <input type="checkbox"/> Laboratory Technician | <input type="checkbox"/> Physiologist |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Post Doc |
| <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Research Coordinator |
| <input type="checkbox"/> PhD Student | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Physician < 35 years old, please put DOB in box below: | <input type="checkbox"/> Other, please state in box below: |

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7470 Karup
Denmark

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2025



ECFS DISCOUNTED MEMBERSHIP - PROOF OF PROFESSIONAL STATUS

Person 2

Name of Joining Member:

Email of Joining Member:

Professional Group:

- | | |
|---|--|
| <input type="checkbox"/> Dietitian/ Nutritionist | <input type="checkbox"/> Physiotherapist |
| <input type="checkbox"/> Laboratory Technician | <input type="checkbox"/> Physiologist |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Post Doc |
| <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Research Coordinator |
| <input type="checkbox"/> PhD Student | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Physician < 35 years old, please put DOB in box below: | <input type="checkbox"/> Other, please state in box below: |

Person 3

Name of Joining Member:

Email of Joining Member:

Professional Group:

- | | |
|---|--|
| <input type="checkbox"/> Dietitian/ Nutritionist | <input type="checkbox"/> Physiotherapist |
| <input type="checkbox"/> Laboratory Technician | <input type="checkbox"/> Physiologist |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Post Doc |
| <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Research Coordinator |
| <input type="checkbox"/> PhD Student | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Physician < 35 years old, please put DOB in box below: | <input type="checkbox"/> Other, please state in box below: |

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Person 4

Name of Joining Member:

Email of Joining Member:

Professional Group:

- | | |
|---|--|
| <input type="checkbox"/> Dietitian/ Nutritionist | <input type="checkbox"/> Physiotherapist |
| <input type="checkbox"/> Laboratory Technician | <input type="checkbox"/> Physiologist |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Post Doc |
| <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Research Coordinator |
| <input type="checkbox"/> PhD Student | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Physician < 35 years old, please put DOB in box below: | <input type="checkbox"/> Other, please state in box below: |

Person 5

Name of Joining Member:

Email of Joining Member:

Professional Group:

- | | |
|---|--|
| <input type="checkbox"/> Dietitian/ Nutritionist | <input type="checkbox"/> Physiotherapist |
| <input type="checkbox"/> Laboratory Technician | <input type="checkbox"/> Physiologist |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Post Doc |
| <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Research Coordinator |
| <input type="checkbox"/> PhD Student | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Physician < 35 years old, please put DOB in box below: | <input type="checkbox"/> Other, please state in box below: |

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Person 6

Name of Joining Member:

Email of Joining Member:

Professional Group:

- | | |
|---|--|
| <input type="checkbox"/> Dietitian/ Nutritionist | <input type="checkbox"/> Physiotherapist |
| <input type="checkbox"/> Laboratory Technician | <input type="checkbox"/> Physiologist |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Post Doc |
| <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Research Coordinator |
| <input type="checkbox"/> PhD Student | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Physician < 35 years old, please put DOB in box below: | <input type="checkbox"/> Other, please state in box below: |

Person 7

Name of Joining Member:

Email of Joining Member:

Professional Group:

- | | |
|---|--|
| <input type="checkbox"/> Dietitian/ Nutritionist | <input type="checkbox"/> Physiotherapist |
| <input type="checkbox"/> Laboratory Technician | <input type="checkbox"/> Physiologist |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Post Doc |
| <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Research Coordinator |
| <input type="checkbox"/> PhD Student | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Physician < 35 years old, please put DOB in box below: | <input type="checkbox"/> Other, please state in box below: |

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Person 8

Name of Joining Member:

Email of Joining Member:

Professional Group:

- | | |
|---|--|
| <input type="checkbox"/> Dietitian/ Nutritionist | <input type="checkbox"/> Physiotherapist |
| <input type="checkbox"/> Laboratory Technician | <input type="checkbox"/> Physiologist |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Post Doc |
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| <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Research Coordinator |
| <input type="checkbox"/> PhD Student | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Physician < 35 years old, please put DOB in box below: | <input type="checkbox"/> Other, please state in box below: |

Person 9

Name of Joining Member:

Email of Joining Member:

Professional Group:

- | | |
|---|--|
| <input type="checkbox"/> Dietitian/ Nutritionist | <input type="checkbox"/> Physiotherapist |
| <input type="checkbox"/> Laboratory Technician | <input type="checkbox"/> Physiologist |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Post Doc |
| <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Research Coordinator |
| <input type="checkbox"/> PhD Student | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Physician < 35 years old, please put DOB in box below: | <input type="checkbox"/> Other, please state in box below: |

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Person 10

Name of Joining Member:

Email of Joining Member:

Professional Group:

- | | |
|---|--|
| <input type="checkbox"/> Dietitian/ Nutritionist | <input type="checkbox"/> Physiotherapist |
| <input type="checkbox"/> Laboratory Technician | <input type="checkbox"/> Physiologist |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Post Doc |
| <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Research Coordinator |
| <input type="checkbox"/> PhD Student | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Physician < 35 years old, please put DOB in box below: | <input type="checkbox"/> Other, please state in box below: |

Person 11

Name of Joining Member:

Email of Joining Member:

Professional Group:

- | | |
|---|--|
| <input type="checkbox"/> Dietitian/ Nutritionist | <input type="checkbox"/> Physiotherapist |
| <input type="checkbox"/> Laboratory Technician | <input type="checkbox"/> Physiologist |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Post Doc |
| <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Research Coordinator |
| <input type="checkbox"/> PhD Student | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Physician < 35 years old, please put DOB in box below: | <input type="checkbox"/> Other, please state in box below: |

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Person 12

Name of Joining Member:

Email of Joining Member:

Professional Group:

- | | |
|---|--|
| <input type="checkbox"/> Dietitian/ Nutritionist | <input type="checkbox"/> Physiotherapist |
| <input type="checkbox"/> Laboratory Technician | <input type="checkbox"/> Physiologist |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Post Doc |
| <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Research Coordinator |
| <input type="checkbox"/> PhD Student | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Physician < 35 years old, please put DOB in box below: | <input type="checkbox"/> Other, please state in box below: |

Person 13

Name of Joining Member:

Email of Joining Member:

Professional Group:

- | | |
|---|--|
| <input type="checkbox"/> Dietitian/ Nutritionist | <input type="checkbox"/> Physiotherapist |
| <input type="checkbox"/> Laboratory Technician | <input type="checkbox"/> Physiologist |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Post Doc |
| <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Research Coordinator |
| <input type="checkbox"/> PhD Student | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Physician < 35 years old, please put DOB in box below: | <input type="checkbox"/> Other, please state in box below: |

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Person 14

Name of Joining Member:

Email of Joining Member:

Professional Group:

- | | |
|---|--|
| <input type="checkbox"/> Dietitian/ Nutritionist | <input type="checkbox"/> Physiotherapist |
| <input type="checkbox"/> Laboratory Technician | <input type="checkbox"/> Physiologist |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Post Doc |
| <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Research Coordinator |
| <input type="checkbox"/> PhD Student | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Physician < 35 years old, please put DOB in box below: | <input type="checkbox"/> Other, please state in box below: |

Person 15

Name of Joining Member:

Email of Joining Member:

Professional Group:

- | | |
|---|--|
| <input type="checkbox"/> Dietitian/ Nutritionist | <input type="checkbox"/> Physiotherapist |
| <input type="checkbox"/> Laboratory Technician | <input type="checkbox"/> Physiologist |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Post Doc |
| <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Research Coordinator |
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