

# PROFESSIONAL STATUS FORM

2025



## ECFS DISCOUNTED MEMBERSHIP - PROOF OF PROFESSIONAL STATUS

Name of Joining Member:

Email of Joining Member:

Place of Work (Department and Institution/Hospital):

### 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: |

Please complete one of the following proofs of professional status:

#### • Professional Register Details

PIN/Registration Number:

Name of Register:

Link to Register:

#### • Name, Department and Signature of Head of Department

Name:

Department:

Signature:

Signature of Joining Member

Date:          
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Please return completed forms to  
[membership@ecfs.eu](mailto:membership@ecfs.eu)