**PLEASE USE BLOCK CAPITALS WHEN COMPLETING THIS FORM**

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| **If renewing membership, please simply add your membership number here:**  |
| Title:Prof/Dr/Mr/Mrs/Ms/Mx: |  | Profession:  |
| First Name(s): |  |
| Last Name(s): |  |
| Institution & Department:  |  |
| Street Address:  |  |
| Postal/Zip Code: |  |
| City/State: |  |
| Country: |  |
| E-mail: |  |

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| **FULL MEMBERSHIP SUBSCRIPTION** | **REDUCED membership** |
| **Benefits:**- Annual Subscription to the Journal of Cystic Fibrosis- Reduced Registration fees to the annual ECFS Conferences- Receipt of Periodic Newsletters- Access to “Members Only” information on the ECFS Website- Access to the ECFS Education Platform**Fee** 120€ for Full Membership Subscription 300€ for 3-Year Full Membership Subscription (2023-2024-2025) | Available for AHP\*, Physicians < 35, PhD Students and Post Docs only**Benefits:**Full membership benefits excluding Annual Subscription to the Journal of Cystic Fibrosis**Fee** 50€ for reduced membershipA proof of professional status must be submitted to ECFS to benefit from this fee. |
| **JOINT ECFS ERS MEMBERSHIP SUBSCRIPTION** |
| **Benefits:** Full ECFS membership benefits plus ERS membership benefits (please refer to the membership page on our website for more information). Please note: ECFS members who opt-in to ERS membership are subject to abide by the respective ECFS and ERS Constitutions and Bylaws. Current ERS members via their national society must continue with this membership and should not take out joint ECFS ERS membership. **Fee** 150€ for joint ECFS ERS membership Subscription| 80€ for joint Reduced ECFS ERS membership Subscription |
| **CORPORATE MEMBERSHIP SUBSCRIPTION** |
| **Individuals employed by pharmaceutical or biopharmaceutical companies should purchase a Corporate Membership Subscription.** **Benefits:**- Annual Subscription to the Journal of Cystic Fibrosis- Receipt of Periodic Newsletters- Access to “Members Only” information on the ECFS Website**Fee** 220€ for Corporate Membership Subscription\*\* |
| \*employed in Nursing|Nutrition/Dietetics|Pharmacy|Physiotherapy|Respiratory Physiology |Psychology|Social work|Laboratory technician|Lung function technician |Clinical research coordinator\*\* Full membership and 3-Year Membership Subscriptions are not available to Corporate Members from the industry |

**AREA OF INTEREST**

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

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| **Area of Interest** |  | **Area of interest** |  |
| Genetics/Screening/Diagnosis |  | Psychosocial Issues/Nursing |  |
| Microbiology/Antibiotics |  | Physiotherapy/Exercise |  |
| Cell Biology/Physiology/Basic Science |  | Epidemiology & Registry |  |
| Immunology/Pulmonology |  | Clinical Trials/New Therapies |  |
| Gastrointestinal/Metabolic Complications/Endocrinoloy/Nutrition |  |  |

**ARE YOU INVOLVED IN** Adult Care Paediatric Care

**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
Nordea Bank, Sct. Mathias Gade 68 DK-8800 Viborg, Denmark

 Account No: 5036 155 851 IBAN No: DK73 2000 5036 1558 51 SWIFT/BIC Code: NDEADKKK

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| Signature: **General Data Protection Regulation**The ECFS takes your privacy seriously. The ECFS Data Privacy Policy can be found at [www.ecfs.eu/privacy-policy](http://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 |

**Membership payments can also be made online using the secure Stripe gateway accessible via the ECFS website:** [**www.ecfs.eu**](http://www.ecfs.eu)**. To be granted the reduced membership fee please contact** **membership@ecfs.eu** **with proof of your professional status.**