**ECFS Discounted Membership Proof of Professional Status**

We hereby confirm that\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

currently holds the position of (please tick the correct one):

* Nurse
* Dietitian/Nutritionist
* Pharmacist
* Physiotherapist
* Psychologist
* Social worker
* Laboratory technician
* Clinical research coordinator
* Post Doc

in the department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

at the institution/hospital\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sincerely,

(Date, name and signature of head of department as well as work place professional stamp)

Please email this completed document to: [membership@ecfs.eu](mailto:membership@ecfs.eu)