

PLEASE USE BLOCK CAPITALS WHEN COMPLETING THIS FORM

If renewing membership, please enter your membership number:		
Title: Prof/Dr/Mr/Mrs/Ms:		Profession:
Working for Industry*:	<input type="checkbox"/> yes <input type="checkbox"/> No	
First Name(s):		
Last Name(s):		
Institution & Department:		
Street Address:		
Postal/Zip Code:		
City/State:		
Country:		
Phone: (with country code)		
E-mail:		

* Members working for biopharmaceutical or pharmaceutical industry are Corporate members and have no voting rights

FULL MEMBERSHIP SUBSCRIPTION	AHP and POST DOC MEMBERSHIP Available for AHP**, PhD Students and Post Docs only
Benefits: - Annual Subscription to the Journal of Cystic Fibrosis - Reduced Registration fees to the annual ECFS Conferences - Receipt of Periodic Newsletters and Bulletins - Access to "Members Only" information on the ECFS Website - Voting Rights (except for corporate members)	Benefits: Full membership benefits <u>excluding Annual Subscription to the Journal of Cystic Fibrosis</u>
Fee <input type="checkbox"/> 120€ for Full Membership Subscription <input type="checkbox"/> 220€ for Corporate Members from the industry <input type="checkbox"/> 300€ for 3 Year Membership Subscription(2018-2019-2020)***	Fee <input type="checkbox"/> 50€ for reduced membership A certificate of your institution needs to be submitted to ECFS to benefit from this fee

** employed in Nursing | Nutrition/Dietetics | Pharmacy | Physiotherapy | Psychology | Social work

*** 3 Year Membership not available to Corporate Members from the industry

AREA OF INTEREST

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

Area of Interest	1	2	Area of interest	1	2
<input type="checkbox"/> Genetics/Screening/Diagnosis			<input type="checkbox"/> Psychosocial Issues / Nursing		
<input type="checkbox"/> Microbiology/Antibiotics			<input type="checkbox"/> Physiotherapy / Exercise		
<input type="checkbox"/> Cell Biology/Physiology			<input type="checkbox"/> Epidemiology & Registry		
<input type="checkbox"/> Immunology/Pulmonology			<input type="checkbox"/> Clinical Trials / New Therapies		
<input type="checkbox"/> GI/Metabolic					
<input type="checkbox"/> Complications/Endocrinology/Nutrition					

ARE YOU INVOLVED IN

☐ Adult Care

☐ Paediatric Care

PAYMENT BY BANK TRANSFER

IMPORTANT: WHEN TRANSFERRING THE FUNDS, PLEASE ENTER YOUR FIRST AND LAST NAME + "MEMBERSHIP 2018" OR "MEMBERSHIP 3 YEARS" IN THE REFERENCE 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

Signature:

Membership payments can also be made online using the secure WorldPay gateway accessible via the ECFS website: www.ecfs.eu.

When paying the AHP – Post Doc membership fee online please contact membership@ecfs.eu for a discount coupon

Form to be e-mailed to membership@ecfs.eu
 or mailed to European Cystic Fibrosis Society, Kastanieparken 7, 7470 Karup, Denmark