

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
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(2019-2020-2021)***	Fee <input type="checkbox"/> 50€ for reduced membership A certificate from 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"/> Gastrointestinal/Metabolic Complications/ Endocrinology / Nutrition					

ARE YOU INVOLVED IN

Adult Care

Paediatric Care

PAYMENT BY BANK TRANSFER

IMPORTANT: Please enter your first and last name and ECFS membership 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: NDEADKDK

Signature:

General Data Protection Regulation

The information you provide in this form will be used solely for dealing with you as a member of the ECFS. The ECFS has a Data Privacy Policy which can be found at 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 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