



ESGE INDIVIDUAL MEMBERSHIP APPLICATION

PERSONAL INFORMATION

Professor Dr Mr Ms

Surname (family name)

First name

Date of birth (dd.mm.yyyy)

Male Female

CONTACT INFORMATION

Address line 1

Additional address line 2

Additional address line 3

ZIP Code

City

Country

Telephone

Mobile

Telefax

Email

EDUCATION / EMPLOYMENT

College/university

Degree (with date)

Place of employment

Private practice Community hospital

Academic hospital Other

Please fax or post your completed application form to the following address:

European Society of Gastrointestinal Endoscopy (ESGE)
c/o Hamilton Services GmbH
Landwehr Str. 9, 80336 Munich, Germany
Telephone: +49 (0)89/907 7936 11 | Fax: +49 (0)89/907 7936 20
membership@esge.com | www.esge.com

ESGE INDIVIDUAL MEMBERSHIP FEE*

The annual fee for ESGE Individual Membership is **€ 195** for the term beginning January 1 and ending on December 31 of the same year.

ESGE offers a reduced fee for those joining mid-year. Please note that the half-year fee only applies to the first year of membership. As of the second year, the annual membership fee is **€ 195**.

I apply herewith for membership commencing the year (yyyy)

€ 195 as of January (Incl. Endoscopy Issues 1 – 12)

€ 120 as of July (Incl. Endoscopy Issues 7 – 12)

I agree that ESGE retains and processes all data necessary for my membership. This includes all my contact data. ESGE is authorized to disclose my data for the following purposes:

- Thieme Verlag for postal delivery of the journal Endoscopy and online access to the journal
- The credit card institutes for payment via credit card
- Industrial partners of ESGE for relevant email contact
- Society partners to enable access to ESGE eLibrary material

I can at any time, and free of charge, request information about the extent and manner of the retained data. Demonstrably false data will be immediately corrected, deleted or blocked.

I have read and agree with the Statutes of the European Society of Gastrointestinal Endoscopy (available on the ESGE website at www.esge.com).

Unless written notice of termination is received by the ESGE Secretariat by September 30 of the current year, my ESGE Individual Membership will be renewed for a further year and the annual Individual Membership fee will fall due.

I agree with the above mentioned conditions.

Date

Signature

* Trainee fee: Please visit our website or contact the secretariat.

PAYMENT OPTIONS

Bill me later

Credit card

Visa

MasterCard

Valid thru (mm.yy)

Card holder

Credit card no.

Date

Signature