

ESGE INDIVIDUAL MEMBERSHIP APPLICATION FOR TRAINEES

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 / TRAINING

College/university

Degree (with date)

Institution of postgraduate training

Name of institution

Training dates

Beginning (dd.mm.yyyy)

Completion (dd.mm.yyyy)

YEAR OF MEMBERSHIP

(yyyy)

ESGE TRAINEE MEMBERSHIP FEE

TRAINEE MEMBERSHIP REQUIREMENTS

Postgraduate full-time trainees in gastroenterology and/or surgery and/or internal medicine are eligible for trainee membership. Employment in a clinical unit with formal activity of digestive endoscopy is required. Trainee membership is limited to a period of two years. After the first year of trainee membership the application will be reviewed.

REQUIRED DOCUMENTATION

- Completed application form
- Letter of confirmation from the Program Director of the training institution confirming the candidate's full-time training status and the duration of the training
- CV

TRAINEE MEMBERSHIP FEE

The annual fee for ESGE trainee membership is **€ 95** for the term beginning on January 1 and ending on December 31 of the current year. If the application is submitted after January new members will receive the back issues of *Endoscopy* for January and each following month up to the month of application.

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).

I agree with the above mentioned conditions

Date _____

Signature

Please fax or post your completed application form and required documentation 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

Application is also possible at www.esge.com