

ESES EUROPEAN SOCIETY OF ENDOCRINE SURGEONS

Application for Membership

Name					
First names					
Date of birth					
day	month	year			
Title	_ Nationality				
Mailing address					
E-mail address					
City	_ Zip-Code				
State	Country				
Private tel #	Hospital tel #				
Private fax #	Hospital fax #				
1. Medical Schools					
2. Postgraduate training in surgery	Yea	rs			
3. Present position					
4. Please include a complete list of your publications and curriculum vitae					
Signature	Date				

SPONSORS

The **application form** completed and signed by the proposed member and by the sponsor(s) **together with CV and list of publications** has to be delivered per e-mail to the ESES to **Karin Knob**, secretary of the "ESES Vienna Office" (eses@medacad.org), who prepares all applications for membership for the Executive Council.

Name					
Address					
			Signature:	member of the ESES	
	_				
Decision of Members	ship Committee of	ESES			
Date of reception of A	pplication				
ACCEPTED				NOT ACCEPTED	
Signature of the Secre	etary ESES:	Date:			

I the undersigned, from personal knowledge, regard the candidate as a person of high

membership of the European Society of Endocrine Surgeons.

professional and moral standing, well experienced in the field of surgery and propose him for

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