

I the undersigned, from personal knowledge, regard the candidate as a person of high professional and moral standing, well experienced in the field of surgery and propose him for membership of the European Society of Endocrine Surgeons.

Name _____

Address _____

Signature: member of the ESES

Decision of Membership Committee of ESES

Date of reception of Application _____

ACCEPTED

NOT ACCEPTED

Signature of the Secretary ESES:

Date:

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.