



APPLICATION FORM FOR ERA-EDTA MEMBERSHIP

I hereby submit my application for Membership to the
European Renal Association - European Dialysis and Transplant Association

Title: *Family (last) name: *First names:.....

Date and place of birth: Sex: M F

Nationality: Academic degrees:

Present position:

*Address for correspondence:

*Postal Code: *City: *State/Prov: *Country:

*Telephone: *Fax: *E-mail:

Date: Signature:

Membership in Nephrological, Transplantation, or other Scientific Societies:

.....
.....

Proposed by the following Member of the ERA-EDTA:

Full name: Country:

Signature:

*The ERA-EDTA collects and processes personal information to provide you with details regarding the Association and its activities. The above information will be published in the ERA-EDTA Directory of members on our website (access to which is restricted to ERA-EDTA members only) and will be used for accounting and commercial purposes by ERA-EDTA and/or Euromeetings s.r.l. in compliance with the Italian Legislative Decree 196/2003. Members can ask that this information be changed, corrected or cancelled at any time by contacting the ERA-EDTA Membership Office where also further information can be obtained. Steps have been taken to ensure that consistently high standard of data protection are always in place.

The mailing address and/or e-mail address of ERA-EDTA members may be forwarded to third parties whose services might be of interest to you. All requests of mailing labels and/or e-mail addresses are, in any case, first approved by an Officer of the ERA-EDTA Council. If you would like to receive information from third parties please tick one of these boxes:

- YES, I wish to receive only e-mails from third parties;
- YES, I wish to receive only post from third parties;
- YES, I wish to receive both e-mails and post from third parties.

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Please return this form and the payment form to

ERA-EDTA Membership Office

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