



Application Form for Affiliation with ESCMID

_____|_____|_____|_____|_____|_____|
Calendar Year

Information about your society

Name of society:

Homepage:

Please indicate the number of members in your society:

President's term of office (number of years):

Name of current president:

Does your society have statutes: yes no
Statutes in English: yes no

Distribution of electronic information

Information for the members of your society will be forwarded by email to your administrative office which is responsible for the further electronic distribution. This includes ESCMID *Online News*. ESCMID should send this information to the following address:

Email

Invoice

Annual membership dues: ≤ 300 members EUR 50
 ≤ 1000 members EUR 100
 > 1000 members EUR 250

Please transfer the relevant amount to the ESCMID account at Deutsche Apotheker- u. Ärztebank, 80323 München, Germany, acc. no.: 000 236 2368, BLZ: 700 906 06, IBAN: DE61 30060601 0002362368, BIC (SWIFT): DAAEDED

Clinical Microbiology and Infection

ESCMID's official journal is available to the members of affiliated societies at a preferential rate. Please forward the enclosed subscription form to your members.

Contact details

Please fill in the contact details of the president or representative of your society:

Ms. Mr. Prof. Dr.

Surname(s)

First Name(s)

Institution/Company

Department

Street, No./P.O. Box

Postal Code, City

State (where applicable), Country

Phone

Fax

Email

Date:

Signature:

Please complete and return this form to:
ESCMID Membership Office, P.O. Box 11 31, 82018 Taufkirchen,
Germany. Phone +49 89 612 61 62, Fax +49 89 612 81 76,
membership@escmid.org