

MEMBERSHIP APPLICATION FORM

Please print this form and send to: Professor A. Beckers, Service d'Endocrinologie, CHU de Liège, Dom. Universitaire du Sart-Tilman, B-4000 LIEGE – BELGIUM

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Personal details

Family name:

First name:

Middle name:

Initial:

Date of birth:

Place of birth:

Sex (M/F):

Present academic title:

Professional address

Institution:

Department:

Street:

City:

Country:

Telephone:

Fax:

E-mail:

Education

Institution

Degree and date

1.

2.

3.

Publications in neuroendocrinology (at least 2 in the last 5 years)

1.

2.

3.

The ENEA membership application is supported by the following two ordinary members:

Nominator:

Signature:

Nominator:

Signature:

Application date:

Signature of Applicant: