



Application form for ESHI^{MT} Membership 2020

Please complete this form and send it to office@eshi-society.org

Title:	<input type="text"/>	Gender:	Male	Female	
First name*:	<input type="text"/>	Last name*:	<input type="text"/>		
Date of birth*:	<input type="text"/>				
Hospital:	<input type="text"/>				
Department/Institute:	<input type="text"/>				
Street/no.:	<input type="text"/>				
Postal code:	<input type="text"/>	City*:	<input type="text"/>	Country*:	<input type="text"/>
Phone:	<input type="text"/>				
E-mail*:	<input type="text"/>				

***required**

Profession (please indicate)*:

Radiologist

Nuclear Medicine Physician

Radiographer

Radiology resident

Nuclear Medicine resident

Physician

Other profession:

Please note: Each new member must be approved by the Executive Committee. Therefore, prospective members are asked to provide a proof-of-profession-document. Please send your document to office@eshi-society.org or upload it to your MyUserArea within 14 days.

A proof of profession document is a copy of your documents that show you are currently eligible to become an active ESHI member in good standing for your selected membership type.



Email Settings*:

I agree to receive ESHI^{MT} news, newsletters and information about scientific events and product developments related to the field of hybrid imaging, nuclear medicine and radiology.

Yes No

Membership Type:

Full Member EUR 10.00

shall be physicians or scientists or professionals with special interest and special experience in Hybrid, Molecular and/or Translational Imaging. Full membership shall be open only to physicians or scientists or professionals active within Europe or with a European nationality, as defined by the Executive Committee.

Members in Training EUR 10.00

shall be physicians or scientists or professionals outside of Europe or with a non-European nationality willing to support the society.

Associate Members EUR 10.00

shall be physicians or scientists or professionals with special interest and special experience in Hybrid, Molecular and/or Translational Imaging in training who are registered on a formal training programme officially recognised by the society. The position of Members in Training can be held until completion of training. After this, Members in Training will be eligible for full membership.

Corresponding Members Free of charge

shall be physicians or scientists or professionals active in fields related to Hybrid, Molecular and/or Translational Imaging or persons nominated by or on behalf of non-medical organisations.

Membership Payment:

Bank transfer (bank details will be provided later)

or

Credit card	Visa	Master card
Card holder's name:	<input type="text"/>	
Credit Card Number:	<input type="text"/>	
Expiry Date:	<input type="text"/>	
CVV2 Code:	<input type="text"/>	

Date:

Signature*: _____

I herewith acknowledge that I **accept the Statutes of the ESHI** and agree to the terms and conditions for membership. (to be found at www.eshi-society.org).