|  |  |  |  |
| --- | --- | --- | --- |
| **European Academy of Andrology**  **Regular Membership Application** | | | |
|  | |  | |
|  | |  | |
|  | |  | |
|  | |  | |
|  | |  | |
| **Check List** |  | |
| I am a current member of ESE. |  | |
| I am not more than 10 years post-PHD. |  | |
| I reside in a country below high income country status, as classified by the [World Bank](http://data.worldbank.org/about/country-classifications/country-and-lending-groups#High_income). |  | |
| I attach proof of eligibility to this application form. |  | |
| I understand this grant is available for attendance to the annual ECE or an ESE training course and can be used for payment towards travel, accommodation or registration. |  | |

My attendance is not f

**Regular Membership requirements:** everyone who is active and interested in andrology can apply (incl. endocrinologists, urologists, specialists in sexual medicine, gynaecologists, embryologists, basic scientists).

**Applicant’s details**

Name of Applicant (first name, last/family name): **...............................**

MD/PhD/MB/MSc: .......... Academic Title (Dr., Assoc. Prof., Prof.): .............

Date of birth: ...................

Professional Affiliation, Department, Institution, Postal Business Address:

................................................................................

.................................................................................

.................................................................................

Email**: ...................................(**evt. secondary email**: …………………………………….)**

Business (Institution) phone (with the country code): …………………………………

address to which you would like to be sent the certificate (in case of acceptance) .................................

...............................................................................

Private phone number (optional): .................................

**Applicant’s main fields of interest (minimum two, please list in order of priority)**

1. ................................................................................
2. .................................................................................
3. .................................................................................
4. .................................................................................

Applicant’s signature .......................... Date ..........................