

# MEMBERSHIP APPLICATION FORM

Please type or print CLEARLY in BLOCK CAPITALS

Family Name		
First Names		
Title		
Institute/Department		
Mailing Address		
Telephone number		
Fax number		
E-mail address		
Main research interests		
I, the undersigned, wish to apply for membership of the European Teratology Society. I <b>would/would not (delete one)</b> like my details to appear in the member's handbook.		
Signed	Date	
We, the undersigned, hereby recommend the applicant for membership of the European Teratology Society		
Name (Print)	Signed	Date
Name (Print)	Signed	Date

The Treasurer of the Society will send an invoice for payment of your membership fee after your application has been approved by the membership at the Annual General Meeting. Please **do not** send payment with this application. The current annual membership fee is €55.

**Applications should be supported by two members of the Society, who must sign this form or a copy thereof.** Alternatively, applications can be supported by the Officers of the Society if accompanied by a full *curriculum vitae*. Applications without supporting signatures or CV will not be considered.

**The completed form should be returned to:**

Stephanie Clubb  
ETS Secretary  
E-mail: [secretary@etsoc.com](mailto:secretary@etsoc.com)

