



## ESID Membership – Junior Member's Trainee Declaration Form

If you have indicated that you qualify for the ESID Junior in Training membership category, please fill in this form and return by **e-mail or fax** to the following address in order to qualify for the reduced membership fee:

**European Society for Immunodeficiencies (ESID)**

Kvk: 40448576, Mijnbouwstraat 23, Delft, The Netherlands

Email: [esidmem@kenes.com](mailto:esidmem@kenes.com), Tel.: +41 22 906 91 63, Fax: +41 22 906 43

Website: [www.esid.org](http://www.esid.org)

Full Name:

Hospital/Institution name and address:

Department:

Tel:

Fax:

E-mail:

**I confirm that I am a Trainee/Resident  
In year/s:**

Signature:

Date:

***For completion by the Head of Department:***

I confirm the above particulars to be correct.

The above subscriber is currently a trainee/resident.

Department:

Institution:

Date:

Name:

Signature: