

**ESCCA AFFILIATED SOCIETY – APPLICATION FORM**

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| **Your Society Contact Details** |
| Society name: |  |
| Acronym *(if relevant)* |  |
| Website |  |
| General e-mail (for publication on the ESCCA website) |  |
| General phone number, if applicabe (for publication on the ESCCA website) | + |
| Office address (for publication on the ESCCA website) |  |
| Main contact person for ESCCA: |  |
| Function with the Society: |  |
| E-mail address |  |
| Phone | + |

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| **About Your Society** |
| Society’s year of foundation |  |
| Geographical area covered |  |
| Number of current members |  |
| Members’ main areas of professional interest |  |
| Your members’ main occupations(please delete what is not appropriate) | 🞏 Basic Researcher🞏 Clinical Researcher🞏 Student 🞏 Teacher/Educator🞏 Retired 🞏 🞏  |
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| **Society Leadership** |
| President Name |  | Term started (mm/yyyy) |  |
| Email |  | Term will end (mm/yyyy) |  |
| **Please fill in the email contact details of other leaders of your Society *(if relevant)*:** |
| Secretary Name |  | Term started (mm/yyyy) |  |
| Email |  | Term will end (mm/yyyy) |  |
| Treasurer Name |  | Term started (mm/yyyy) |  |
| Email |  | Term will end (mm/yyyy) |  |

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| **Your Society Educational Programs** |
| **Details of current year planned congress** | Dates: |  |
| City, country: |  |
| Website: |  |
| Expected number of participants: |  |
| **Details of future planned congress** | Dates: |  |
| City, country: |  |
| Website: |  |
| Expected number of participants: |  |

**Please return this form to the ESCCA Office** (membership@escca.eu), together with

* An official letter from the Society, addressed to the ESCCA President, stating that
	+ the Society wishes to become an ESCCA Affiliated Society
	+ the Society adheres to internationally accepted ethical standards in clinical practice and research
* The Constitution (statutes)
* A short description of the Society’s activities over the past 3 years
* Example of the Society’s journal or newsletter (if any)