**Application Form**

**EUROPEAN CANCER PREVENTION ORGANIZATION**

**MEMBERSHIP APPLICATION FORM**

*Please do not send payment at this time. You will be invoiced at a later date.*

Please select one membership type (circle heading):

**Senior member**

Open for all academics, non-academic health care professionals, involved in cancer prevention.

 **Junior member**

Available to trainees or researchers during the or 3 year immediately following the

completion of the training program.

**Demographic information**

|  |
| --- |
| Name: |
| Title: Diploma: |
| Gender: Date of Birth: |
| Address: |
| Phone(s): Fax: |
| Email: |
| MD, PhD, other: |

**Professional information**

|  |
| --- |
| Degree(s): Please include   institution and date granted |
| Training certification/diploma : |
| Start & End date Institution   Location Title: |
| Actual position: |
| Special field in cancer prevention that   is applicable for ECP functions and/or |
| committees: |
| Applicant signature: |
| Applicant name: |
| Date: |
| Application form should be sent to: |

The European Cancer Prevention Organization

**Member’s office**

Via S. Sofia, 9/1 – fourth floor – 20122 Milan, Italy

phone: +39 0294375161

mail: ecprevention@mail.com

We look forward to welcome you as Member of ECP.

Kind Regards

Giovanni Corso, president

ECP