

MEMBERSHIP APPLICATION FORM



To be completed in capital letters:

First name:

Last name:

Academic degree:

Organisation/Institution/Company (if professional address):

Address:

ZIP: City:

Country:

E-Mail:

MEMBERSHIP FEES

Please check appropriate box

Annual Membership Fees

Regular Member	120 Euro
Residents	60 Euro
Health Staff	free
Associate Member	120 Euro
Patient/relative	free

BENEFITS

- Substantially reduced registration fees for EFR meetings
- Reduced rates for hotels during meetings
- Discounts on registration fees for workshops, symposia and surgery courses
- Information on all EFR activities
- Newsletter

PAYMENT BY BANK TRANSFER:

Account name: EFR

Bank name: ERSTE Bank

Only for Austria: Account number: 28141738000, BLZ: 20111

For all other countries: IBAN: AT292011128141738000, BIC: GIBAATWW

Applicants must submit a print-out of the completed application form by snail mail or fax to the head office of the EFR. The membership becomes active after formal nomination by the Executive Committee. Applicant will be responsible for any resulting bank charges.

EFR - European Federation for colorectal Cancer

Headoffice

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