# THE ECEE NETWORK GROUP MEMBERSHIP APPLICATION FORM

*(please fill in and submit to: **ecee.president@gmail.com**)*

I hereby would like to apply to become a member of ECEE Network Group association. My application is supported by two following Working Group members:

**1.** ……………………………………………………………………………………………………………………………………

**2.** ……………………………………………………………………………………………………………………………………

☐ I agree to receive any further communication from the ECEE NG Secretariat related to ECEE NG activities.

☐ I agree that all data provided may be used (saved, stored, processed, transmitted and deleted) and shared with the ECEE NG in compliance with the Privacy Policy available at www.eceenetwork.com.

☐ I have read and agree to the General Terms and Conditions available at www.eceenetwork.com.

| **Name and Surname:** | |
|---|---|
| Profession: | ☐ medical doctor, ☐ pharmacist, ☐ clinical pharmacologist, ☐ microbiologist, ☐ virologist, ☐ epidemiologist |
| Name of your organization: | |
| Work address: | |
| Preferred e-mail address: | |
| **Date:** | **Signature:** |

Please provide short explanation on how you would like to contribute to groups' work:

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**To be filled in by ECEE Network Group Secretariat**

The application was reviewed by: ……………………………………………………………………Date: …………………………

The application was approved by: ……………………………………………………………………Date: …………………………