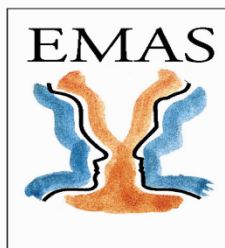


EUROPEAN
MENOPAUSE
AND
ANDROPAUSE
SOCIETY



EMAS Membership Trainee Declaration Form

If you apply for EMAS Membership as a Trainee, please fill in the following form and return by **fax, post or email** to the following address in order to qualify for the reduced membership fee.

EMAS Administrative Office, 1-3 rue de Chantepoulet , P.O. Box 1726, 1211 Geneva 1, Switzerland
Fax: +41 22 732 2607, E-mail: membership@emasonline.org

Full Name:

Address:

Tel:

Fax:

E-mail:

I confirm that I am a trainee in the training period from to

Signature:

Date:

For completion by the Head of Department

I confirm the above particulars to be correct

Department:

Institution:

Date:

Name:

Signature: