



APPLICATION FOR FULL MEMBERSHIP

European Plastic Surgery Research Council (EPSRC)

1

Mr

Ms

Academic Title

First Name

Surname

2

QUALIFICATIONS (with dates and awarding bodies):

3

HOME ADDRESS

Street, No.

Zip Code

City

Country

Email

HOSPITAL ADDRESS

Institute

Department

Street, No.

Zip Code

City

Country

Email

Correspondence Address
(circle only one)

Home

Hospital



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4 MEETING ATTENDANCE

You must have attended an EuropeanPlasticSurgery Research Council Meeting to join the EPSRC.

Year of attendance

INSTRUCTIONS

- 1) Please attach a copy of your curriculum vitae (maximum length - 2 pages).
- 2) Applications must be accompanied by either a copy of your Certificate of Completion of Specialist Plastic Surgery Training.
- 3) Applicants should submit only complete forms and should arrange for these forms to be in clear print or typescript.
- 4) Sponsors must be Full Members, each of whom shall be employed in different units from each other.
- 5) Forms must be submitted NOT LATER than 3 months after signature by sponsors.

5

PRESENT POST

6

TENURE OF
POST

Date of Commencement of post

7 DATA PROTECTION ACT

The Association mailing list will be held in accordance with the Data Protection Act 1998. It will be available to all relevant Specialist Associations and any other bodies who may be running appropriate conferences, courses or clinical research projects. This is only for the organisational activity of EPSRC and will always be in the legitimate interest of the membership. Any request for a mailing list from one of these bodies will be assessed, and only where it is appropriate will any information be divulged. At no time will any data be disclosed for commercial purposes.

I consent to my records being held in this manner to be released in accordance with this statement.

Signed

Date

8 DECLARATION

If elected, I certify that all I have written in this application is true. I agree that, if admitted, I will abide by the Bylaws and Constitution of the European Plastic Surgery Research Council.

Signed

Date



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TO BE COMPLETED BY REFEREES ONLY

PART B

9 REFERENCES

We the undersigned, testify that

who is personally known to us, and is in every way a suitable candidate for election, for EPSRC Membership.

NOTICE FOR REFEREES

Before signing, please read the conditions of membership attached, as taken from the Constitution*

	Name (in capitals)	Signature	Date
a.			
Email	<input type="text"/>		
Telephone (incl. STD code)	<input type="text"/>		
Facsimile	<input type="text"/>		
	Name (in capitals)	Signature	Date
b.			
Email	<input type="text"/>		
Telephone (incl. STD code)	<input type="text"/>		
Facsimile	<input type="text"/>		

For Office Use only:

Sponsors Data Protection 3 month rule CV Declaration



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MEMBERSHIP ELIGIBILITY

*(The attached details have been extracted from the Association's Constitution)

FULL MEMBERS

(1) Any surgeon who

- (a) (i) has her/his name on the Specialist Register of Plastic Surgery in her/his country
(ii) in respect of whom the Council has resolved to waive any requirement that she/he holds or has held any such Certificate or appointment as is referred to in (i) hereof; and
- (b) has been sponsored by two Full Members each of whom shall not, unless the Council otherwise resolves, be employed in the same unit as each other; and
- (c) has been recommended for Full Membership by Council, shall be eligible to be appointed for a Full Member by resolution passed by a majority of not less than two-thirds of such Members as (being entitled to do so) vote in person or by proxy at the Annual General Meeting. A separate resolution of the Association shall be passed in respect of each person recommended for Full Membership by the Council.

(2) The names of candidates for Full Membership shall be submitted to the Honorary Secretary not later than 31st August in each year for recommendation as a Full Member at the next Annual General Meeting.

(3) Full Members shall be entitled

- (a) to receive notice of and to attend Meetings of the EPSRC;
- (b) to have their names and addresses published in the EPSRC's Handbook;
- (c) to receive notice of and to attend General Meetings and to vote thereat either in person or by proxy.

(4) Full Members shall be eligible

- (a) to be elected or co-opted Members of Council; and
- (b) to be elected Officers.

(5) Full Members shall be bound to pay annual subscriptions in accordance with articles.

SUBSCRIPTIONS

(1) Annual subscriptions shall be determined and annually reviewed by Council. Annual subscriptions shall be payable on commencement of membership and thereafter on October 1st each year. Members appointed on any date other than 1st October shall pay such proportion of the annual subscription, as Council may in its absolute discretion consider appropriate.

(2) Any Member whose subscription or any other liability to the EPSRC is in arrears of more than 12 months shall cease to be entitled to any benefits of membership of the EPSRC from 12 months after the date when the subscription or other liability became due. A Member whose subscription or any other liability to the EPSRC is in 12 months arrears and who has been duly notified thereof shall cease to be a Member of the EPSRC and any liability to the EPSRC shall not be affected by the termination of his membership, but he may with the approval of Council be reinstated to Membership on application in writing and after payment of arrears.



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PAYMENT

First year's dues must be included with application!

Active / Associate/ Senior: € 50,00

Resident: € 25,00

Payment by:

- credit card
- AmEx VISA Master/EuroCard

Card holder

Card no.

Security code

Because of new security measures, the last 3 digits of the code number in the signature field on the back of the card are required (for AmEx, please provide the 4 digits printed on the front of the card).

Expiration date

Date

Signature

Please send completed application materials to the attention of:

Membership Services Coordinator
European Plastic Surgery Research Council
Carl-Pulfrich-Straße 1
07745 Jena
Germany
T: +49 3641 31 16-350 • F: +49 3641 31 16-243 • Email: info@epsrc.eu