

MEMBERSHIP APPLICATION FORM**A Personal details** (please complete ALL information on both pages clearly and in CAPS)

Surname: _____ First name: _____ Title: _____

(Dr. Mr. Mrs. Ms)

Position: _____

Institute: _____ Department: _____

Address: _____

Postal Code: _____ City: _____ Country: _____

Phone: + _____ Fax: + _____

(Include country code)

(Include country code)

E-mail: (please print clearly)

Branch: Hospital Community University Association
 Industry Research Journal Other**B Membership options**

- | | |
|---|-------|
| <input type="checkbox"/> 1 year Full Membership | € 90 |
| <input type="checkbox"/> 3 year Full Membership | € 230 |
| <input type="checkbox"/> 5 year Full Membership | € 360 |
| <input type="checkbox"/> Student Membership* | € 25 |

NOTE

* Student membership is only valid upon production of student ID. Please attach a photocopy of ID to this application. Student members have no voting power but have access to all ESCP activities.

C Payment method (please print clearly to avoid delay in processing payment and your membership application) Credit Card: Euro/ Mastercard Visa

Cardholder's Name: _____

Card No.: _____ Expiry date: ____/____
(month/year)

Verifying code (last three digits on reverse side): _____

Cardholder's Signature: _____

D Membership in an ESCP Special Interest Group

Your ESCP membership fee entitles you to membership in 3 Special Interest Groups (SIGs). Please select the 3 SIGs you wish to join. (Please tick 3 boxes only)

- Cancer Care
- Clinical Decision Support System
- Education & Training
- Infectious Diseases
- Integrated primary Care
- Medicine Adherence
- Medicine Information
- Nutritional Support
- Paediatrics
- Pharmacoeconomics
- Pharmacoepidemiology

E Signature

In becoming a member of ESCP, or in renewing my membership in the Society, I understand that I will receive all communications relating to the business and activities of ESCP. I authorise the Society to use my contact details as listed above for these communications purposes.

Applicant's Signature: _____

Date: ____/____/20____

NOTE Data Privacy:

All information requested in this application will be stored in a secure database for the sole use of ESCP and will not be revealed to any third party.

Please scan the completed Application Form and send it to the ESCP International Office by e-mail:

international.office@escpweb.org

or by mail to: Theda Mansholtstraat 5B, 2331JE Leiden, Netherlands

Membership of ESCP gives you access to the latest and most up to date education in clinical pharmacy. The Society's pan-European community of professionals provides you with a broad network of knowledgeable colleagues. Members' expertise is founded on professional, clinical experience, on-going education and specific working environments. We invite you to join ESCP now to benefit from this collective knowledge bank and pan-European exposure to clinical pharmacy practice and techniques.

The benefits of ESCP membership include:

- Latest and most up-to-date scientific research accessible on-line 24 hours a day through on-line access to every issue of the Springer Nature Journal the [International Journal of Clinical Pharmacy](#)
- Regular updates and reviews from the clinical pharmacy community via [ESCP News](#) (quarterly newsletter).
- In-depth training and focused information exchange through participation in [Special Interest Groups](#) (11 topics of interest to choose from, participation is limited to three of these groups but there is NO extra charge).
- [Special Subscription Rates](#) for Adis Journals.
- The opportunity to study contemporary clinical pharmacy issues face-to-face with colleagues through [ESCP Symposium and Workshops](#) held twice a year (members benefit from substantial registration reductions).