



Application for membership of the European Federation for Colposcopy & Pathology of the Lower Genital Tract

Country:

Title of Society:

President

Dr/Prof

Christian Name

Surname

Email Address

Tel No:

Secretary

Dr/Prof

Christian Name

Surname

Email Address

Tel No:

Treasurer

Dr/Prof

Christian Name

Surname

Email Address

Tel No:

We agree to the following:

- 1) To abide by the Constitution of the EFC
- 2) To pay an annual fee of €3 (or current fee) for each member of the Society

Signed:

Signature of President

Dated:

20..