



EUROPEAN FEDERATION FOR COLPOSCOPY

Application for membership of the European Federation for Colposcopy

Country:

Title of Society:

President

Dr/Prof
Name
Surname

Email Address Tel No:

Secretary

Dr/Prof
Name
Surname

Email Address Tel No:

Treasurer

Dr/Prof
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 €4 (or current fee) for each member of the Society

Signed:
Signature of the President

Dated: