

Kindly complete and email directly to [assa@worldonline.co.za](mailto:assa@worldonline.co.za)

**ESVS MEMBERSHIP APPLICATION**

**I wish to apply for membership of the European Society for Vascular Surgery and undertake to remit the membership subscription before the end of November 2019.**

|                            |                                  |
|----------------------------|----------------------------------|
| <b>SURNAME</b>             |                                  |
| <b>FIRST NAMES</b>         |                                  |
| <b>ID NO:</b>              |                                  |
| <b>CELL NO:</b>            |                                  |
| <b>EMAIL ADDRESS</b>       |                                  |
| <b>MEMBERSHIP CATEGORY</b> | SPECIALIST / TECHNICIAN / FELLOW |
| <b>OTHER CATEGORY</b>      |                                  |
| <b>SIGNATURE</b>           |                                  |