

# Membership Application Form



## I wish to apply for:

- Full membership** € 30 /year  
 A copy of my registration certificate is enclosed
- Affiliate membership** € 30 /year  
 A copy of my curriculum vitae is enclosed
- Corresponding membership** € 30 /year  
 A copy of my registration certificate is enclosed

**Please note:** Applications that are not accompanied by the proper documents will be returned to sender.



## Membership categories

### Full membership

- Open to all certified European nurses and allied health care professionals working in urology nursing. Eligible to vote at the General Assembly.

### Affiliate membership:

- Open to all European students, scientists or others who have an interest in urology nursing. Not eligible to vote at the General Assembly.

### Corresponding membership

- Open to all certified non-European nurses, allied health care professionals and students with an interest in urology nursing. Not eligible to vote at the General Assembly.

## All members receive:

Free subscription to European Urology Today, EAUN 'Good Practices in Health Care' booklets, reduction of congress fees, free access to the European Urology website and eligibility to participate in Fellowship/Exchange programme.



## Personal data

Profession:  Nurse  Student  Health care professional  Other \_\_\_\_\_

Title:  Prof.  Dr.  Mr.  Mrs.  Miss

Family name: \_\_\_\_\_

First name: \_\_\_\_\_

Date of birth, Nationality: \_\_\_\_\_  
dd-mm-yy

Institution: \_\_\_\_\_

Department: \_\_\_\_\_

Address: \_\_\_\_\_

Postal code / Zip: \_\_\_\_\_

City: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone (office): \_\_\_\_\_

Fax (office): \_\_\_\_\_

E-mail (office): \_\_\_\_\_

Home address: \_\_\_\_\_

Postal code / Zip: \_\_\_\_\_

City: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone (home): \_\_\_\_\_

Fax (home): \_\_\_\_\_

E-mail (home): \_\_\_\_\_

To which address do you wish your EAU correspondence to be mailed?  Work  Home



### Please return this original application to:

European Association of Urology Nurses / membership department  
 PO Box 30016 6803 AA Arnhem The Netherlands  
 T: +31 (0)26 38 90 674 E: eaun@uroweb.org