Application for Membership
European Association for Haematopathology

First name 

Family name 

Title for 

Title after 
Male/Female 

Date of Birth 

Nationality 

Institute 

Department 

**Private Address** 

State 
Country 

**Billing address** 

State 

Country 
Tel Private +  / 
Tel Work +  / 
Mobile +  / 

Email (correspondence) 
Email (invoice) 

 I am applying for full membership (EUR 75,- / year) for at least 1 year

 I will attach my CV + Passport photo for the membership registration

**Please upload this application form, including your Curriculum Vitae and Photograph to:**

**EAHP SECRETARIAT
Mr. Danny Douwes
P.O. box 557, 2300 AN LEIDEN, The Netherlands**[**https://www.european-association-for-haematopathology.org/product/new-membership/**](https://www.european-association-for-haematopathology.org/product/new-membership/)