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/)