

## ESPNIC Membership - Trainee / Student Declaration Form

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If you have indicated that you qualify for the **Medical Trainee, Medical Student or Undergraduate Nursing Student** membership with ESPNIC, please fill in this form and return by **e-mail, fax or post** to the following address in order to qualify for the reduced membership fee:

ESPNIC Membership Services,  
7, rue François-Versonnex | C.P. 6053; 1211 Geneva | Switzerland; Tel : +41 22 906 91 78  
Fax: +41 22 906 91 43; E-mail: [membership@espnice.eu](mailto:membership@espnice.eu)

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Full Name:

Hospital / Institution name and address:

Department:

Tel:

Fax:

E-mail:

I confirm that I am a  **Medical Trainee**  **Medical Student**  **Undergraduate Nursing Student**  
Year:

Signature:

Date:

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### For completion by the Head of Department

I confirm the above particulars to be correct

The above subscriber is currently a resident until (MM/YY):

Department:

Institution:

Date:

Name:

Signature: