**European Society for translational**

**Antiviral Research**

**Application form for membership**

1. **Personal details**

Title : [ ]  MD [ ]  PhD [ ] Msc [ ]  Other …..

First name (s) :

Last name (s) :

Gender : [ ]  Male [ ]  Female

Nationality :

Institute :

Department :

Street :

Postal Code :

City :

Country of residence :

E-mail :

Phone number :

**2. Membership types**

Membership of ESAR is individual and not based on institute or company representation.

The annual membership fee for 2024 will be 10 Euro for all members. After the application form is received by the ESAR Office an invoice for membership fee will be sent to you.

Please select a membership type

* **Associated member**

Scientists should prove their scientific commitment by authorship on a publication on a virological subject in a peer reviewed journal. Clinicians should be able to show a medical doctors degree. All associated members should be employed by non-commercial institute or hospital for at least 50% FTE.

* **Non-Associated member**

Scientists should prove their scientific commitment by authorship on a publication on a virological subject in a peer reviewed journal. Clinicians should be able to show a medical doctors degree.

* **Student member**

A letter from the University/Hospital indicating the status as PhD student or Resident is needed for registration.

1. **Electronic update**

You will be added to the ESAR mailing list. In case you would also like to receive the ESAR update please indicate:

[ ]  I want to receive the electronic update.

**Instructions**

After completing the registration form, you can submit the form to ESAR by email to info@esar-society.eu