

ESCVS

The European Society for Cardiovascular
and Endovascular Surgery



ESCVS MEMBERSHIP APPLICATION FORM

Thank you for your interest in The European Society for Cardiovascular and Endovascular Society.

Please fill the application form and send it to the ESCVS Secretary General Office by email:

E-mail: secretary@escvs.com

Tel.: + 420-777-033-704

MEMBERSHIP DECLARATION:

I have read the ESCVS bylaws carefully and accept the terms and conditions set out in this document. I hereby submit my application to become the Member of the EUROPEAN SOCIETY FOR CARDIOVASCULAR AND ENDOVASCULAR SURGERY and herewith I submit the following data for consideration.

Date..... Signature

I. IDENTITY

*Important: All fields with * are required*

Title*	
Surname*	
Name*	
Date of birth*	
Home Address	
Mobile	
E-mail Address*	
Institution*	
Position*	
Office Address*	
Office telephone number*	
Office fax number*	

Major Interests*

Cardiac	
Cardio-Vascular	
Vascular and Endovascular	

II. PRESENT APPOINTMENT

Hospital Appointment (name of the hospital and department)	

III. MEMBERSHIP DUES

- Active Member EUR 165,00 Trainee Member EUR 85,00
 5 years Active Member EUR 590

IMPORTANT: A letter from head of the department is needed, confirming the applicant's status as a resident/trainee. Application for this position shall not be considered complete until receiving abovementioned official statement.

IV. PAYMENT

Membership is valid for a calendar year. The acceptance as an Active/ Trainee Member of the Society is decided upon by the ESCVS Executive Committee.

Method of payment:

➤ **BANK TRANSFER:**

PAYABLE TO : ESCVS (European Society for Cardiovascular and Endovascular Surgery)
EUROPÄISCHER VEREIN FÜR KARDIOVASKULÄRE UND ENDOVASKULÄRE CHIRURGIE
Dufourstrasse 32, 8008 Zürich, Switzerland

BANK HOLDER: ESCVS
BANK: Sparkasse Regensburg
Bank Address: Lilienthalstraße 5, 93049 Regensburg
Bank Account No. 26490383
Bankleitzahl: 75050000
(Bank code No.)
IBAN: DE50 7505 0000 0026 4903 83
BIC/SWIFT: BYLADEM1RBG

A copy of the money transfer must be attached to the form and sent by fax or email to the Secretary General's office. Please note that all bank charges for the bank transfer must be cleared by the participant.

If you have any questions concerning the ESCVS membership or membership application process, please contact ESCVS Secretary General's office.

Prof. Dr. med. Matthias Thielmann, FAHA
Secretary General ESCVS

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