



## **REGULAR MEMBERSHIP APPLICATION FORM**

Name of Association in English:

\_\_\_\_\_

Name of Association in National Language:

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Country: \_\_\_\_\_

Date: \_\_\_\_\_

Name and e-mail address of President of the Association:

\_\_\_\_\_

Name and e-mail address of Contact Person for the Association:

\_\_\_\_\_

Name and e-mail address of Advisory Board member of the Association:

\_\_\_\_\_

Association website address: \_\_\_\_\_

Number of Association members at time of application: \_\_\_\_\_

Signature of the President of the Association:

\_\_\_\_\_

Please forward the completed application form to:

Dr. Declan Maher, Secretary General ESAM, Glencairn Medical Centre, Leopardstown Valley, Dublin 18, Ireland.

e-mail: [drdeclanmaher@gmail.com](mailto:drdeclanmaher@gmail.com)