

# Application for Membership of the European Association for Haematopathology

(use typewriter or block letters only)

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Familyname: ..... First name: .....

Title: ..... M/F .....

Position: .....

Institute: .....

Department: .....

Address: .....

.....

Tel: ..... Fax: .....

Email: .....

Recommended by the following two members of the Association:

1. Name: ..... Signature: .....

2. Name: ..... Signature: .....

I am applying for: 1. Full membership (EUR 45,-) .....

2. Associate membership (EUR 25,-) .....

**Please return this application form to:**

**Christine Arkes, secretary EAHP  
Department of Pathology  
Netherlands Cancer Institute  
P.O. Box 90203  
1006 BE Amsterdam  
The Netherlands  
Phone: 00 31 20 512 2750 Fax: 00 31 20 512 2759  
Email: secr.eahp@nki.nl**