

ASSOCIATION FOR EUROPEAN CARDIOVASCULAR PATHOLOGY
APPLICATION FOR MEMBERSHIP

NAME - SURNAME		M/F	
INSTITUTION			
DEPARTMENT			
POSITION/FUNCTION			
MAILING ADDRESS			
CITY – COUNTRY		POSTAL CODE	
TELEPHONE			
FAX			
E-MAIL			

FIELD OF INTEREST:

Are you involved in (check all that apply):

- Clinical Research
- Basic Science Research
- Translational Research

What are your specific areas of research interest (check all that apply):

- Atherosclerosis
- Cardiomyopathy/Myocarditis
- Congenital Heart Disease
- Immunopathology
- Ischaemic Heart Disease
- Molecular Pathology
- Regenerative Medicine
- Transplant Pathology
- Tumours
- Valve and Vascular Prosthesis
- Valve Disease
- Vessels
- Others

QUALIFICATIONS	
Pathologist	
Other (specify)	

MEMBERSHIP			
Regular (€ 50,00)		Trainee	Emeritus (<i>waived</i>)

Signature of applicant

Date

PLEASE ATTACH ONE PAGE OF YOUR CURRICULUM VITAE

Submit application to:

Heike Göbel, MD

Department of Pathology, University Hospital Cologne, Cologne, Germany.

E-mail : heikegoebel@yahoo.com