

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
- Tumors
- Valve and Vascular Prosthesis
- Valve Disease
- Vessels
- Others

QUALIFICATIONS

Pathologist	
Other (specify)	

MEMBERSHIP

Regular (€ 50,00)	Trainee	Emeritus (<i>waived</i>)
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Signature of applicant

Date

PLEASE ATTACH ONE PAGE OF YOUR CURRICULUM VITAE

Submit application to:

Ivana Kholová, MD PhD

Department of Pathology – Tampere University – Tampere, Finland.

E-mail: ivana.kholova@tuni.fi