



ESOP Membership Form

Please fill out all sections (If hand writing please print clearly)

Last Name: _____ First Name: _____ Title: _____

Preferred mailing address: This is my: work address private address (please tick)

Institution/Organization(Only complete if work address used)		Department
Street	P.O. Box (if any)	Postal Code
City/Town	State/Province	Country
Phone (Country-Area-Number-Ext.)	Fax (Country-Area-Number-Ext.)	E-Mail address (Mandatory)

Occupation:

I am: a Pharmacist a Pharmacy Technician Other (specify) _____

Employment Position: _____

If you become a member by your national organisation they will pay 1 Euro for your ESOP membership.

If there is no national organisation available in your country you will receive an invoice.

- I want to become a member but in my country no national organisation is available or I'm not a member.
- I want to become a member and I'm already a member of the following national organisation: _____ (please tick)

Country	Name of Society
<input type="checkbox"/> Austria	ASOP (Austrian Society for Oncology Pharmacy)
<input type="checkbox"/> Belgium	BOPP (Belgian Oncology Pharmacy Practitioners)
<input type="checkbox"/> Croatia	Work Group for Oncology Pharmacy, Hospital Pharmacy Section, Croation Pharmaceutical Society
<input type="checkbox"/> Czech Republik	Oncology Pharmacy Working Group, subgroup of the Hospital Pharmacy Society, part of the Czech Pharmacy Society of J.E.Purkyne
<input type="checkbox"/> France	SFPO (Société Francaise de Pharmacie Oncologique)
<input type="checkbox"/> Germany	DGOP (Deutsche Gesellschaft für onkologische Pharmazie)
<input type="checkbox"/> Greece	Greek national scientific group for oncology pharmacy subgroup of P.E.F.N.I. (Panhellenic Scientific Association of Greek Hospital Pharmacist)
<input type="checkbox"/> Hungary	Oncology Working Group, Hungarian Association of Hospital Pharmacists
<input type="checkbox"/> Italy	SIFO - SiG Oncolgy
<input type="checkbox"/> Luxembourg	APHL (Association des Pharmaciens Hospitaliers du Luxembourg)
<input type="checkbox"/> Poland	PT Pharm - Oncology Section
<input type="checkbox"/> Portugal	APFH (Associação Portuguesa de Farmacêuticos Hospitalares)
<input type="checkbox"/> Sweden	Svedish Network for Oncology Pharmacy
<input type="checkbox"/> Switzerland	GSASA (Société suisse des pharmaciens de l'administration et des hôpitaux)
<input type="checkbox"/> Turkey	Onkoloji Eczacilari Dernegi (OED)
<input type="checkbox"/> United Kingdom	BOPA - British Oncology Pharmacy Association
<input type="checkbox"/> Other:	

Payment method of total amount: € _____

- by Cheque in Euro drawn on a German bank account. Cheque-No.: _____
- Bank transfer in Euros to FORTIS Banque, Luxembourg BIC/Swift Code BGLLLULL IBAN: LU94 0030 3596 5008 0000
- I prefer that my name and address is **not** used on lists for ESOP- approved purposes

The membership year is January 1st to December 31st. New members, your membership will start **on receipt of fees payment.**