



ESPID Membership Trainee Declaration Form

If you have indicated that you qualify for trainee membership with ESPID, please fill in this form and return by **fax, post or e-mail** to the following address in order to qualify for the Trainee membership.

ESPID, c/o Blackburn House, Redhouse Road, Seafield, West Lothian, EH47 7AQ, Scotland, UK
Fax: +44 1506 811 477

Full Name: _____

Address: _____

Tel: _____

Fax: _____

E-mail: _____

I confirm that I am training in Paediatric Infectious Diseases

Signature: _____

Date: _____

For completion by the Head of Department

I confirm the above particulars to be correct

Department: _____

Institution: _____

Date: _____

Name: _____

Signature: _____

Please make sure that the form is signed by your Head of Department, stamped and dated!



Please note - trainee membership is valid for 3 years only. Thereafter you will automatically become a full ESPID Member.