***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 Email:** <mailto:admin@espid.org>

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.