**Europäische CMT-Forschungsgesellschaft**

**(European CMT Research Association, ECRA) e.V.**

**Membership application form**

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| --- | --- |
| **Name** |  |
| **First name** |  |
| **title(s)** |  |
| **date of birth** |  |
| **skills, interests** |  |
| **function(s)** |  |
| **affiliation** |  |
| **membership** | Normal student/postdoc. Patient organiz. Industr.partner |
| **private address** |  |
| **email** |  |
| **telefone** |  |
| **other info** |  |

(membership fees have been fixed by decision at the ECRA Founding Meeting at €60,00 per year / €30,00 for students and postdocs, please establish a standing order with payment by June, 30, every year latest).

Date:

Your signature: